STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1		REGISTRAR				REG. NO.		
I		CEASED NAME FIRST OR PRINT)	MIDGLE	4	AST	20. DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
1		Sherrard	В.	Hyde	Lette	MARCH 10,	1986	0223 M
1	3.5E)		4 RACE	DATE C		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER TYEAR	IF UNDER 24 HRS
1	T	hale	white	Nov.	27. 1913	72	YRS	MOURS MIN.
1	Ja: Bil	HTHULACE STATE OR FORE LINE	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	DUNTY OF DEATH	
4		cyland	USA	WIDOWE		Wicomico		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
4	Sal	Lisbury	Peninsula C	eneral Hos	spital ,	retired Aut		Salesman
1	130. S	AL RESIDENCE (IF NURSING) E OR STATE OUN	OTHER INSTITUTION GIVE RESIDE	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII		24200114
1		and the second s		comoke	YES NO	1402 Cedar		21851
N		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	AE		
(Fr			delotte	Annie	Blanche	Bun	ting
Я		VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDRESS	2 0-3	Charach
1		10	.,	-05-8531	Irene E. A	vdelotte Pc	2 Cedar	Street
ľ		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE			Л	DUP	ADDOC	ONSET AND DEATH
1	- 1		D BY. 'E CAUSE (a)	(ZRDI	zc. Arri	11 way / my		
1			DUE TO, OR AS A CO	ONSEQUENCE OF	(0)	1		
١		Canditians, if any, which	((b)	Ketr	actory ()	17		
١	61	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF	00.00			E./ 10124
1	E.	underlying cause last.	(c)	- W	SCVI			
1		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1	0
1	CERTIFICATION							
1	HCA.	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED		b. IF YES, WERE FINDING CAUSES	
4	E		AV. 71115 O.5 111111 AV			YES NO	YES	NO 🗌
7	100	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MO		71c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	(TEM IB PART) OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19				
1	MED	21d INJURY OCCURRED	218 PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ı		AT WORK				. /		
1		220.1 certify that (1) (this haspit saw the deceased alive an	3/5	n.,	19	a, 10 3/9		that (II (we) last
1		abave, (1) (we) (did) (did not	ti view the body after dea	th. ~	d that in (my) (aur) apinian d	learn accurred on the date of		
J		228. SIGNATURE	1.698		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
4		22d, PHYSICIAN'S NAME (TYPE OF	o points		PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN		
1		-T. (RAFFE	-770	The ADDRESS CO	H		
+	22 0	7, 4, 7		7 / 0	00			
-1	(5	URIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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1	7	100 3111 Ula	POCOMO	ke City,	Ma.			

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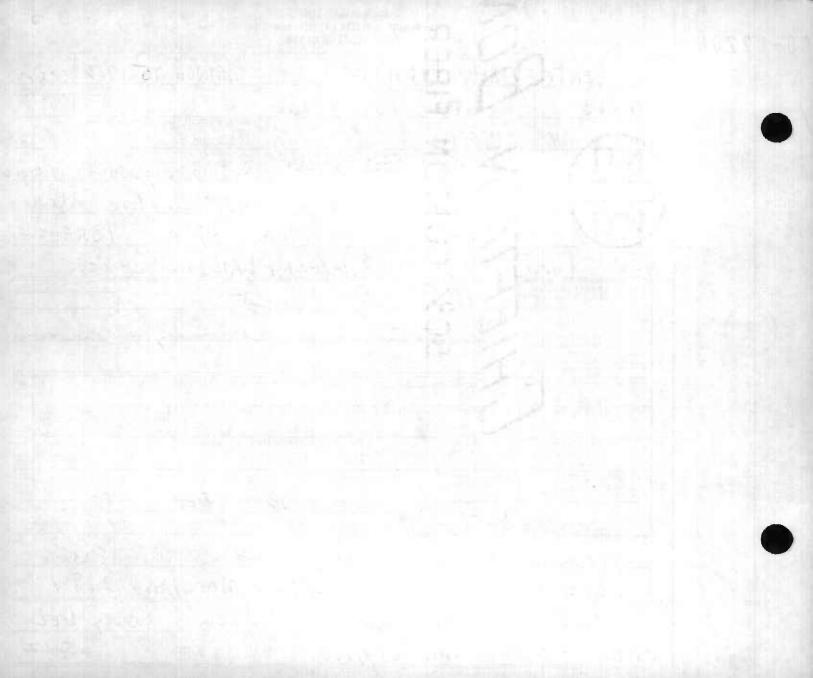
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00-02288	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 0 9 6 0 5
noy be poge 3		CEASED NAME / FIRST	EY ROBERT BAILDON	MARCH 25, 1986 /730PM
ge 4 moy ector poo	3. SE	MALC	White Aug 4,196%	6. AGE (INTERPRETARE AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS CATS HOURS MIN. YRS
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LAND 21:	130	STATE 1 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY NTY NTY SALISUVY 134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP COPE Ve 21801
MARYI mpletel ond 2	/	DAVID	BAIZON BENTHA	RIPTA TURRELL
BALTIMORE rate be execu sician and c ppers. Pages val.	160	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (18 YES GI	PRINCE PROPERTY IN THE PROPERTY IN THE PROPERTY INFORMANT INFORMAN	- BAILDON, See Sec.
201 W. PRESTON ST., res that the death centric med by the threadon phone to be surface, or remainency, or cather froumotic even	NO	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AUTHORITY MINAL DISEASE OR CONDITION GIVEN IN PART 110
IAL RECORDS. The low required in the low requirements of the permit. They gene prior to the phose any injury to the phose any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VII	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
IVISIOI IG PHY offendi er this s the bu	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
Pital or TTENDIN Pital or TOR Affor use o of Health		saw the deceased alive on	oital) attended the deceased from 19 000 on that in (my) (our) opinion at invew the body after death.	n death occurred on the date and hour and from the causes stated
TAL OR A yy the has yy the has RAL DIREC detached tate Dept. VI: If Hem		27b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 3/25/86
TO HOSPITAL retained by th TO FUNERAL should be det with the State MAPORTAN		WILLIAM H	: NOBBINS SALISBUR	4, MAry/AND 21807
BP	230	BURIAL, CREMATION, REMOVAL	236 DATE 1986 DELMARYACTEMATORY	Day Lewes Sussex Delie
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	BAKEN +B	OUNDS SATISTURY, MD. 1250 DA	MAR 3 1 1986 Audion-Rondon



22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

3/15/1986 Holloway Funeral Home, P.A., Salisbury, Maryland

724 PHYSICIANS NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

Dr. Roger C. Merrill

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

100 Power Street, Salisbury, Maryland 21801

23d LOCATION

Wicomico Memorial Park Salisbury, Wicomico, Maryland

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				STATE OF MARYLAND		
-00967	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 👸 💍	0960
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8 44	3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS A
s of		Male	Caucasian	10 5 1902	83	YRS.
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11 301	05U/ 13a S	TATE LIBE OU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS	ZIP CODE 19/19/19
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d 2 d 2	n	THER'S NAME	MIDDLE 1 LAST	FIRST	WIDDIE	O / LAST
dua ×	13	erndt Fyar		on Emma	C	reterson
d co	160, V	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	, Bee	E Hiward St.
Pog.		1/0	217-36-	0510 Mrs Hazel E	enson Pri	neess Anne.
oicio Ders.		18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b), on	d ic'	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
pod nov		PART I. DEATH WAS CAUSI	ED BY:	ton Failure		1/2 00
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mit I priori	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE FINDINGS USED
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1 1	×	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	ARM, ETC.)	,	
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T. Le Cx.		saw the deceased alive at	2//	9-6 and that in (my) (aur) apinian	death accurred on the de	ate and have and from the causes state
2 0 0		abayer(1) (we) (did) (did p	on view the body after death.			
DiREC Dept Dept		226. SIGNATURE	1. n -	DEGREE ATTENDING	MEDICAL STAL	22c DATE SIGNED
_ e e _	1	1) //	4/1		MEDICAL STAL	IAN
old be det of the State ORTANT:		22 PHYSICIAN'S NAME (TYPE		27e ADDRESS	1101	Cales Gun Md
0 = 0 /		Thomas L	le MARCO	16 Medic	41 Ch.	100000000000000000000000000000000000000
5 4° ₹	73a F	URIAL, CREMATION, REMOVAL	23b. DATE , 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
-	6	PECIFY)	2/12/c/ R	1 110 1	CITY OR TOWN A	COUNTY 1 NA
-	74 51	JNERAL DIRECTOR	13/18/16		THREE BY PEGISTEAN	MME VOTHEYSET /
- 16 60M 7/84	24 1	DIXERAL DIRECTOR	. ADDRESS	Zie DA	THEC D. BI REGISTRAR	
VRA 15 4)		11-	11 41 2	200 d 11/1/11/11	AN EL SHOULDER	· F 12 . B. 2.00

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DECEASED NAME PROCESS	0-03203	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE & O	0 9 6 0 9	
SEX BACE SUBJECT S	, 00200			MIDDLE	ŁAST		NTH DAY YEAR 26 HOUR	
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Male Resident Country Resid	pag er de	3 SE	X	4 RACE			Y) IF UNDER 1 YEAR IF UNDER 24 HRS	
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THE STATE ST	s offer d	10 C	CAShury, ML			TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY	
THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SHOP STANDARD IN U.S. ARMED FORCES AND U.S. ARM	I within 24 hour	13a.	Maryland Dor	ahester kindeso	13d. INSIDE CITY LIMITS? YES NO WATER'S MAIDEN NA PERST	Rt. 1, Box	P CODE //68. 2/659	
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OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH	he law on. hos be t permit ene prit	TIFICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF DEATH?	
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220. I certify the (1) this hospital) attended the deceased from 1980, and that in my (aur) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did) (fid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR D	G PHYS offendir	MEDI	WHILE NOT WHILE			CITY OR TOWN	COUNTY STATE	
Robert W. Trever, M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	Spital or CTOR: Af Ifor use o of Health				3 - /3 , 19 86 , and that in my (our) apinion		, , , , , , , , , , , , , , , , , , , ,	
BP 230. BURIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS	the DI H H H			V. Trever, M.	477510010	MEDICAL STAFF DIRECTOR DPHYSICIAN		
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BP GUE CA STREET OF ADDRESS CAPELOR OF ADDRESS CAPE	5 # 5 # ¥	23a.		23b. DATE 23c			A	
		24 F	Burial UNERAL DIRECTOR	4-5-86 (okesbury 150 DA	17	registrar's signature	

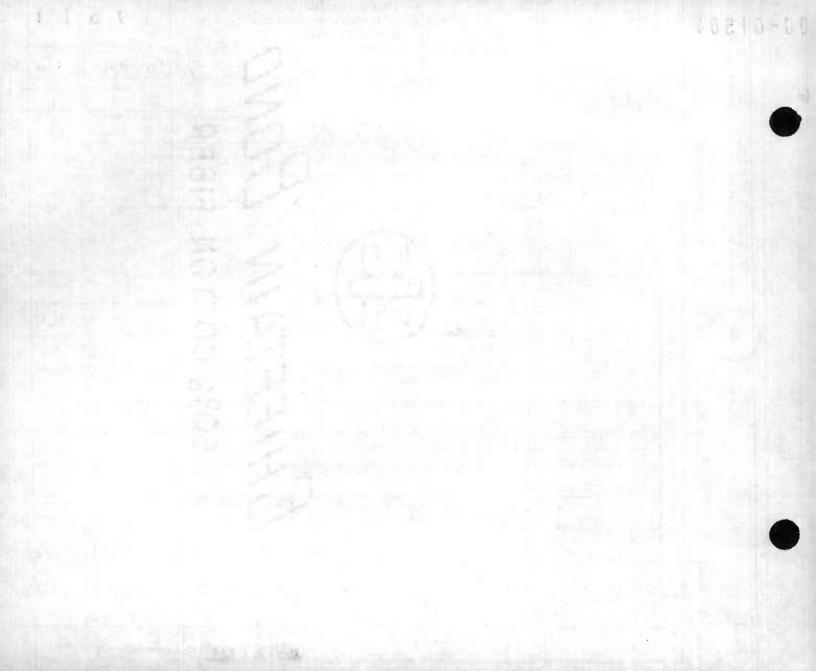
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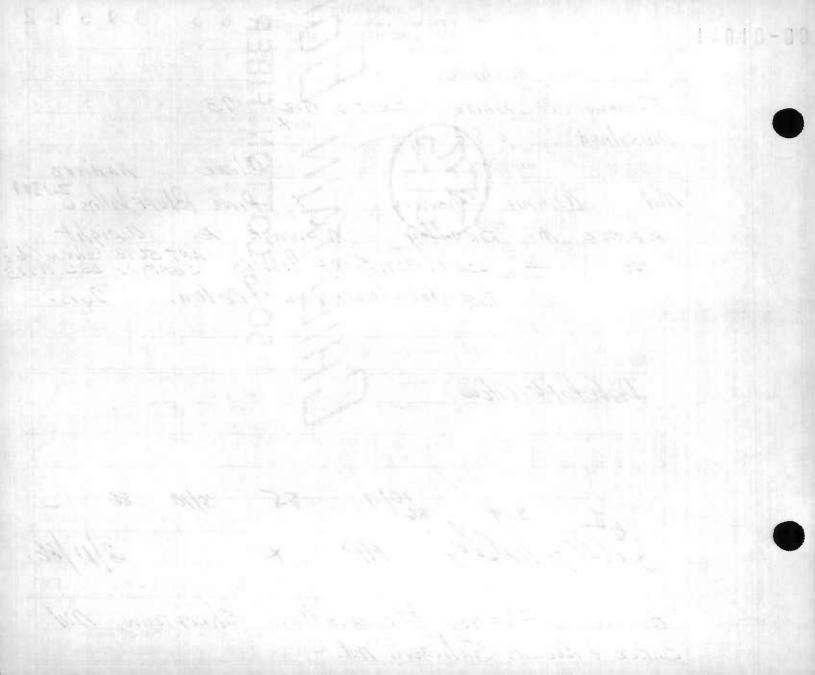
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-01041	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	0 9	6 1 2
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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fer po	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR	HOURS MIN.
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inerol di inerol di inerol di	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY) NARY/AND	U.S.A.	MARRIED NEVER MARRIED MINORCED DIVORCED	WICOMICO	R COUNTY OF DEATH	м
s offer d	SA	LISBURY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SALISBURY NURS.	IG HOME OR OTHER INSTITUTION ADDRESS) LNG HOME	12a USUAL OCCUPATE	F WORKING LIFE) INDUSTRY	OF BUSINESS OF
n 24 hours	13a S	AL RESIDENCE HE NURSING HOME OF		VY4 YES NO	130.STREET ADDRESS	Bluff Vill	12/8
exomine	14 FA	THER'S NAME ELMER	n- Beadle	13 MOTHER'S MAIDEN NA	ME MIDDIE	WRIG	ht
on and age.		VAS DECEASED EVER IN U.S. AI ES, NO OR WIKNOWN} (IF YES, G	RMED FORCES? 166 SOCIAL SECUTIVE WAR OR DATES)	2 - 1 - 1	Lins Address	57 509C (blevine (
we requires that the deat been signed by the atten mit. Then please remove a prior to burial, cremation.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	Kell 11660		NINAL DISEASE OR CON	20b IF YES, WERE FINDS	NGS USED
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OR ATTENDIO ne hospital ar DIRECTOR, A ached far use Dept, of Heal		sow the desposed olive or	n 19 body after deep 19	DEGREE		72s. DATE	that (I) (wet la causes stated
Al Al	1	XUUX	Alle		MEDICAL STAF	IAN []	11/86
TO HOSPITAL TO FUNERAL should be deto with the State IMPORTANT: I		EARL M. BEARI		CIVIC AVE AN	ID RT. 50. S	ALISBURY, M	D. 2180



TO THE STATE OF DEATH RECORDINAR RECORDI		1.	FOR			DEPAR	- , , , , , ,	OF MARYLAND		ENE 8 6	0	9 6	1 3
Charles F. BRANFORD March 29, 1986 7:05 pm A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF DEATH A SERIHARACE (SCALICATORIAN PLANFORD) PROPERTY OF COUNTY OF	00-03127	1,					CERTIF	CATE OF DEA	ATH	REG. N	10.		
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220 1 certify that (1) (this hasehal) attended the deceased fram 19 5, to 3 9, 19 6, that (1) (will last law the Oceased Pive an inhave, (1) (will can't law the bady after death. 220 1 certify that (1) (this hasehal) attended the deceased fram 19 5, and that in (my) (a) apinian death accurred an the date and haur and I ram the causes stated and haur and I ram the causes stated attending MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	ICLAN TA g physica entiticate intol-transit matel frigit	CAL	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	.M. MONTH .M.			RY OCCURRI				
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23 BURIAL, CREMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OR CREMATORY 231 LOCATION	TAL OF A DREAT DRE		22b. SIGNATURE	n	1	fly)	ATT! PHY		MEDICAL STA	FF CIAN A	3/2	SIGNED .
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	5 % ≥ L □		18 CAUSE OF DEATH (Enter anl	y one cause per lin	e far (a), (b), and (c).)			0		APPRO	XIMATE INTERVAL
W. PRESTON ST	TED WITHIN 24 HOUND PENCIL IN ITEM II XAMINER ALONG AL-TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL.	19	PART I DEATH WAS CAUSED	BY: E CAUSE (a)	Sudden	Infan	t Death Sy	ndrome		BEIMEEN	ONSET AND DEATH
0	ALONG ALONG TI PER YGIEN		MONEDIAI		R AS A CONSEQUENCE						
*	ER ER		Canditions, if any, which								
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201	ECUTED WITHIN 3" IN PENCIL IN 1E EXAMINER AI URIAL - TRANSIT ND MENTAL HY TION, OR REMO		lying cause last.			0.					
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	EXAMINE CERTIFICA JLD BE FA DIRECTO WITH TH WARYLAN		7	11	Acceptance of the second	licide []	TITLE (SPECIFY)	Ondetermined manner [
	E CER CER DUID H, WII		ACTUAL /	10				+	DATE	11	1/86
	ZER EN TO	1	SIGNATURE	/ V	-	M.	D. Assistan	MEDICAL EXAMINER	SIGNE	D_4/	1/00
	WED THE THE	- 3	EXAMINER'S NAME (TYPE OR PRINT) GY	regory R.	Kauffman.	M D	*DD0566]	11 Penn St.			
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M	73a BI		Bb. DATE	23c. NAME OF CE	M.D.		123d LOCATION			
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FOR - STATE REGISTRAR		DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	GIENE (E 8 5			
DECEASED NAME YPE OR PRINT!	DELYAHIA	Lee B	UNN	20 DATE OF DEATH MONTH				
Female	4 RACE White	9	5 DATE OF BIRTH	1899	6 AGE (IN	YEARS LAST 8	RIHDAY)	MO
BIRTHRI ACE CLUTS	DIODEICH THE CITIZENI	OF WHAT COUNTRY	2 8		O DALTIA	ORE CITY		VO

9:20P 86 OF DEATH MARRIED W NEVER MARRIED U.S.A. Virginia WIDOWED DIVORCED WICOMICO 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House Wife SALTSBURY SALISBURY NURSING HOME Own Home USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 143 COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Dundu1k YES T 2935 Cornwall Rd., Maryland NO 15. MOTHER'S MAIDEN NAME FATHER'S NAME Julian Borter Ellon Sykes 308 Calvin Dr., 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES GIVE WAR OR OATES Salisbury, Maryland 213-74-8086 No Dorothy Bower 21807 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21h TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from deceased alive on and that in (my) toors opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN [

26 HOUR

BEARDSLEY, M.D.

CIVIC AVE. SALISBURY. 21801 50.

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4-2-1986 Burial

23c. NAME OF CEMETERY OR CREMATORY

Sallisbury, Wicomico

DHMH - 16 60M 7/84

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MPORTANT

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

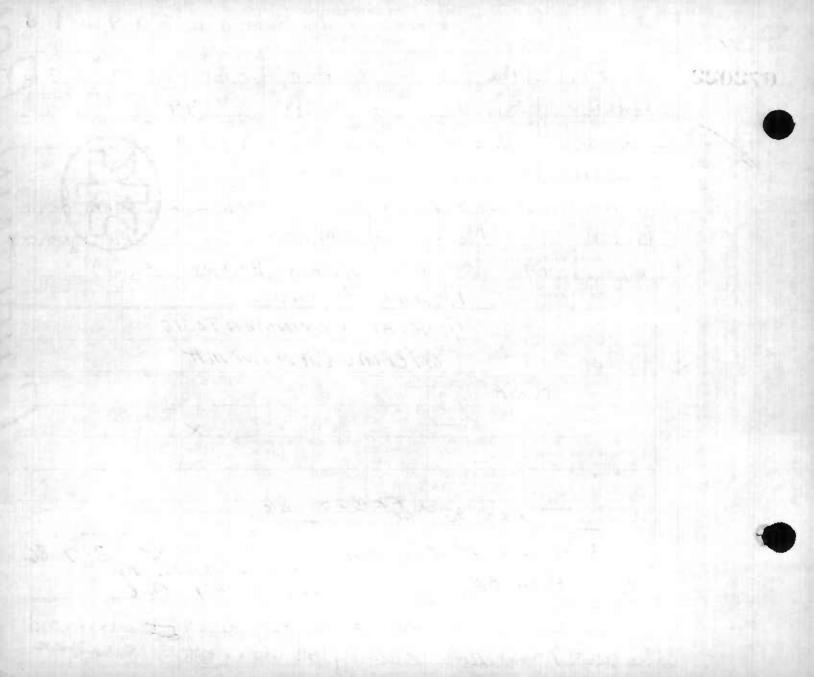
		REOISTRAR							REG. NO.					
	(TYPE	CEASED NAME OR PRINT)	- FIRST -NE		Ĉ.	B	utler		26. DATE OF DEATH	3 -	2-	86	26 HOU	DM DM
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1		226 SIGNATURE	LL CLA	CI	will			TENDING HYSICIAN	MEDICAL STA	FF CIAN [22	3/	Z/8	6
	3	THOM	15	Cit	HILL	VJR	Pine	Bluff	Road,	Sal	ish	UR	7,	nd.
	(BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	3/5/8	6	Sunnyri	dge Cen	etery	23d LOCATION CITY OR TOWN Crisfiel		omer	-	- MI	TATE
	24 FL	Bradshaw	& Son	s - Cri	sfield	, MD 2	1817	250 DATE	REC'D. BY REGISTRAL		P		URE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

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	100	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	106. IF YES, WERE FINDINGS USED
he lo on hos hos ene pere	표			PROPERTY OF THE PROPERTY OF TH	YES TO NOW	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
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NG officer of the orke		AT WORK AT WORK				
NON Se A	16	22a.l certify that (I) (this hospito	I) attended the deceased	50	2 to	, 19, that (I) (we) lost
Porto of the of		saw the deceased alive on _ above, (1) (me) (did nat	view the body ofter death	9, ond that in (my) (my) opinion	deoth occurred on the do	ste and hour and from the causes stated
Cor Cor Character Corbed Corbe		226. SIGNATURE	10	DEGREE		220 DATE SIGNED
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20		URIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/B4	24 F	HERAL DIRECTOR	1 . 1 ADOR			256. REGISTRAY'S SIGNATURE
/VRA 15 41	1 6	Mariba + fila	a. a V Ha	OS In Leaden They DAN	D 4 4 400C	Chiles Day down

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TITEL



JJE DATE

REG. NO 20 DATE OF DEATH MONTH 26 HOUR & AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ketired 13e STREET ADDRESS / ZIP CODE Vernon 11000 MIDDLE 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

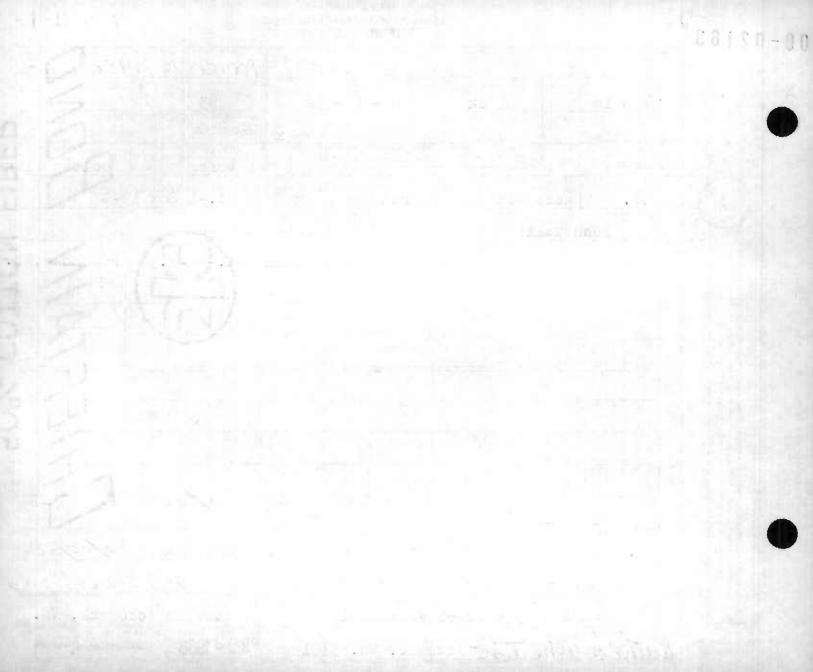
27d PHYSICIAN'S NAME (THE GOWNIE)

23a BURIAL CREMATION, REMOVAL

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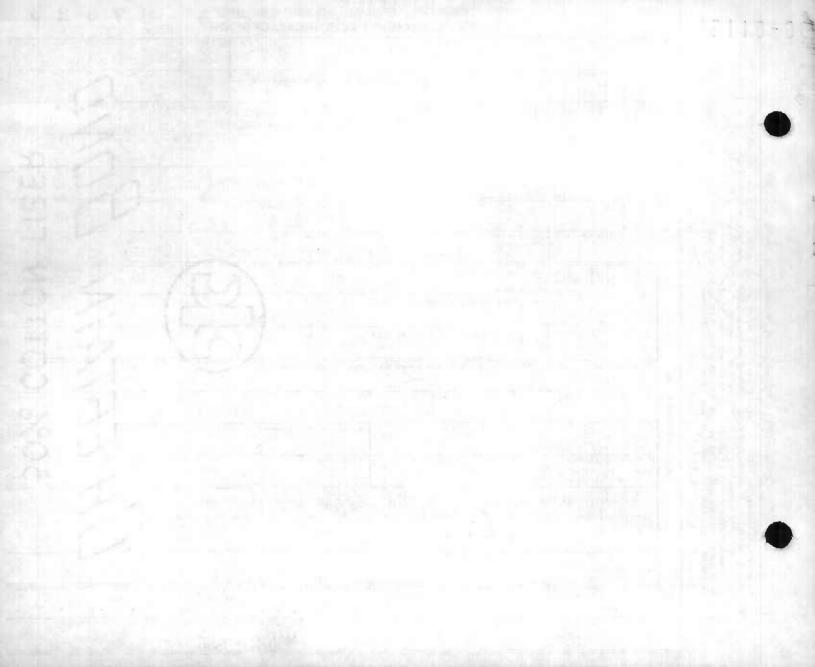




(VRA 15, 4)

STATE OF MARYLAND

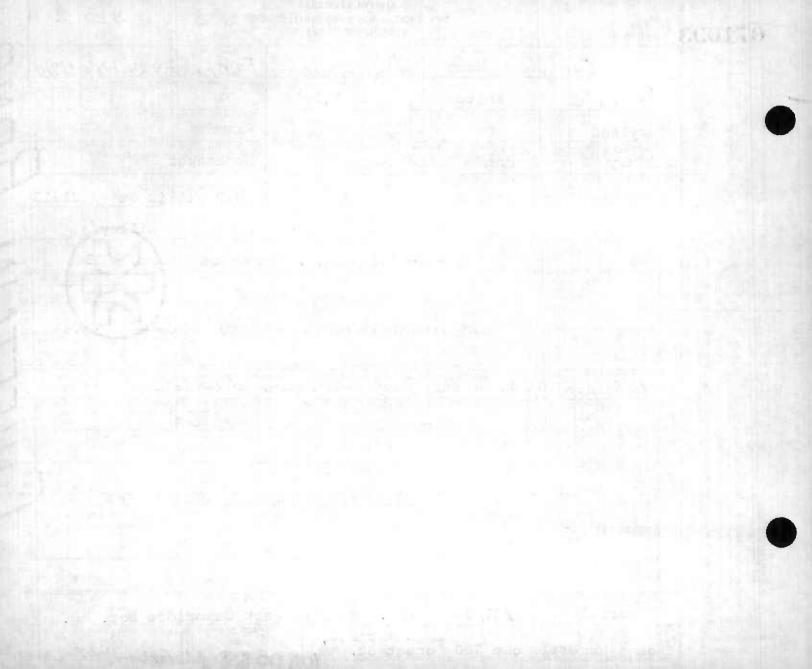
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00-	-011	54		REGISTRAR		MEI	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
/		- 60		EASED NAME	FIRST		MIDDLE	15/1		LAST		20	DATE OF	KNOWN ESTI-	MC MC	ONTH	DAY	YEAR	26 HOUR
1	ES. S. S.	E 'E			Ralph	1	E.		T	avis				MATED		3/	21/19	86	M
	3000	28	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD			IF UNDER 2		DATE		MÓ	NTH	DAY	YEAR	24 HOUR
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	LAY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES.	200		Salisb	ury	U.S. A			WIDOV		DIVORCE		Wicor	mico	Cou	ntv			AAD
	IS P HE FILE SE 55	る人	10 CI	TY OR TOWN		11. NAME OF HOS			, OR OTH	ER INSTITUTI	ION	12e. USUA	LOCCUP	PATION (26. KIND	OF BU	SINESS
	DELAY N PAGE	0		Salish	oury	Peninsul			Iospi	tal		FOR MO	ST OF WOR	KING LIFE)		Lumberman		ian	
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	ANY AND	35		arylan		omico	Sa	lisbury	7	13d INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO X 1007 Delawa			lawar	are Street		0	11		
		W 4 7		THER'S NAME				-		15. MOTHER	R'S MAIDEN	NAME							
	DEATH GES 1	PAGES 1 AND 2	F	Ralph		Edward		Davis		Ma	argie		М	IDDLE			COI	rbir	
	IMO FR D PAG ORW		16a W		EVER IN U.S. AR	MED FORCES?	16b. SO	IAL SECURIT	Y NO.	17. INFORM				ADDRE	SS		-		
	S AFTER DEA GIVE PAGES ITH FORM R	ISIO /	-112	.S, NO, OK UNKNO	WN) (IF YES, GIVE	WAR OR DATES)				Rose	etta I	Davis	1	007 I	Dela	war	re A	ve	
	800	2		18 CAUSE OF	F DEATH (Enter an	ly one cause per line	for (a), (b), and (c).)									APPR	OXIMATE	INTERVAL
	7 952	Z-	7	PARTIDE	ATH WAS CAUSED	D BY: TE CAUSE (o)		Mu	ltip	ole Inj	uries	3					BETWEE	EN UNSET	AND DEATH
	A A SA	000		8/4	7		AS A CON	SEQUENCE (_				136						
	F 199	AL H			s, if ony, which	(b)													
	N NAME OF	SEN S			stating the under-	< (-)	AS A CON	ISEQUENCE (OF .				30.0	1.3			179		
	SE EXE	Z×Z N Z Z		lying cou	se last.	(c)													
	RECORDS.	HEALTH AND WE		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	UT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PART	T 1 (a)							
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	AH AH	N CO			L CAUSE WAS	11b. TIME OF	MONTH	DAY YEAR	21c. H	OW INJURY C	OCCURRED	(ENTER NA	TURE OF INJ	URY IN ITEM	18 PART 1	OR PART	2)		1796
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	WAR	E STATE DEPARTMENT D, 21201 PRIOR TO BUR		WHILE AT WORK	AT WORK	r	oadwa	ay	U.S	. Rt.5	0 & I				sbu			. C	bM,.c
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07. 25				Burial		3/29/86	Al	len Fr	iend	ship U.				, Mo					
231	DHMH		Z4 FU	NERAL DIRECT		ADDRESS					DATE RE	C'D. BY RI	EGISTRAI	R 25b RE	GISTRA	R'S SIG	SNATUR	E	
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	1.	FOR	DEP		E OF MARYLAND TEALTH AND MENTAL HYG	IENE R 6	0 9	6 2 4
109:	3	- STATE REGISTRAR			FICATE OF DEATH	REG. NO).	
poge 3		CEASED NAME FIRST E OR PRINT)	n Mace	Di	Kerson	Februal	MONTH DAY YEA	26 HOUR
offer de	3. SE	Female	RACE White		DEBIRTH TI, 1914	6. AGE (IN YEARS LAST BIRTH		VEAR IF UNDER 24 HRS. AYS HOURS MIN.
1 89	2	IRTHPLACE (STATE OR FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR WICOMICO	10	H MD
11	0.0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVE PENINSULA GEN	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THOMESTOR		D OF BUSINESS OR
3	13u.	STATE ITE COUNT	STITUTION GIVE RESIDENCE 13t. CITY OR CAM		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 423 Wil	ZIP CODE lis St	21613
11/19	_	ATHER'S NAME FIRST M	aroll Parl	ī	15 MOTHER'S MAIDEN NAME RUBY		Willey	LAST
opin col		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	SECURITY NO. 12-114	Jos.M. Di	ckerson		13
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY Cambi	. 0	onery avr	est	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
by the attentions ose remove care of cremotion, and cremotion, and contract other troumatics.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	erosel	Parotic ce	erdiovescu	Jan 1	lewy
Then ple r to buric njury, o	NOI	PART 2 OTHER SIGNIFICANT CO	VAs in Ele	TO DEATH BUT	NOT RELATED TO THE TERM	11.01		Tlia
hos been it permit	CERTIFICATION	19a DATE OF OFERATION	196 CONDITION FOR W	HIGH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO
iol-trans ntol Hyg em 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	1 2)
s the burn hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY, OF	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOW	VM COUNTY	Y STATE
for use a of Health		220 I certify that (1) (this hospitor saw the deceased alive on above, (1) (we) (did) (did ngt)	2/23/		nd that in (my) (our) opinion o	deoth occurred on the dot	te and hour and from	, that (I) (we) last the causes stated
detoched bet Dept ote Dept II. If them		22b SIGNATUR	1//		DEGREE 1) ATTENDING PHYSICIAN	MEDICAL STAFF		ATE SIGNED
should be deto with the State I		224 PHYSICIANY VAME FITH CO	HPd)		22e ADDRESS			
± 4 3 ₹ 4	230.	BURIAL, CREMATION, REMOVAL ISPECIES Burial	2/27/86		Memorial Pa	23d LOCATION COMPONITIONS Ark Cambri	dge Dor.	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4) Thomas Funeral Home 700 Locust St. Md.

250 DATE RECD. BY REGISTRAN 256 REGISTRAR'S SIGNATURE



00454	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		0 9	6	2 5
		CEASED NAME FIRST		MIDDLE	L	ST	REG. NO		YEAR	2b. HOUR
2 71 LA	TYPE	Oaklan	d	S. D	onohoe		March 12,	1986		3:30 PM
you and	1, SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS
9 e 4	Ma	ale	White		June	17, DAY 1919 YEAR	66	YRS	DATS	HOURS MIN.
of Poly	(RTHPLACE (STATE OR FOREIGN		WHAT COUNT	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	DEATH	165
ofter dec	10. CI	aryland TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUI	REET ADDRESS)	D DIVORCED D	120. USUAL OCCUPATION (I'PE OF WORK FOR MOST OF WORKING LIFE) Contractor Housing			F BUSINESS OR
t hours	USUZ	ardela Springs AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION	13c. CITY OR T	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	Railroad A		21837	*6
2 2 7 (1)	_	COL J EGGLAGE	mico	Mardel	a Springs	YES TO NO		venue .	2103/	
O & Care		THER'S NAME hilip T. Donoho	MIDDLE	LAST		Goldie Ann	Dougherty		LAS	T
feed feed		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS	21-31	
15!/		Yes WW		213-12	-5921	Marie H. Dor	nohoe (same	as abov		MATE INTERVAL ONSET AND DEATH
requires that the death on vigined by the attent in their please remove a or to bursol, comoxion, a mjury, or other traumed	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, C		QUENCE OF					
1 1112	IFICA	3-26-85	Inch	suant m	Wanoma	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDIN G CAUSES 7	OF DEATH?
Clark in	AL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	OF INJURY	DAY YEAR	TIC. HOW INJURY OCCUR		-	ORPART 2)	110
offending to the burning to od Me	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE	OF INJURY TREET, FACTORY, OFF		231 LOCATION STREET	CITY OR TO	NN A	COUNTY	STATE
Diffe or JOR, At Joe use of Health	13	22e. certify that ((this hasp saw the deceased alive on abave, () (we) (did) (did no	much	7	986, an	d that in (my) (our) apinian	death accurred an the do			that (I) (we) lost causes stated
the house L Diffe Hoched to Dept	F	226. SIGNATORE	1	Pinano	m	ATTENDING	MEDICAL STAF	F	220. DATE	3-86
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55 223 3		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STATE
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DHMH - 16 50M 4/B2		INERAL DIRECTOR Ve1-Short Fune	1 77	ADDRE	565 Dala	250. DA	R 1 7 1986	756. REGISTRAP	SIGNA	endell.
(VRA 15, 4)	Man	rvel-Short Fune	ral Hom	e Delma	r, Dela	ware III	111 1 1000	1		

42 MD 1 = D 3,50 p 7 710 2 The Little a disperse of my Careers marker and our ready the two did the 4000 3 - 25 mily interpresent there in THE THE PROPERTY OF THE PARTY O THERE STROKES HILL CHEPSELEAST SALCBURGHED - WAS

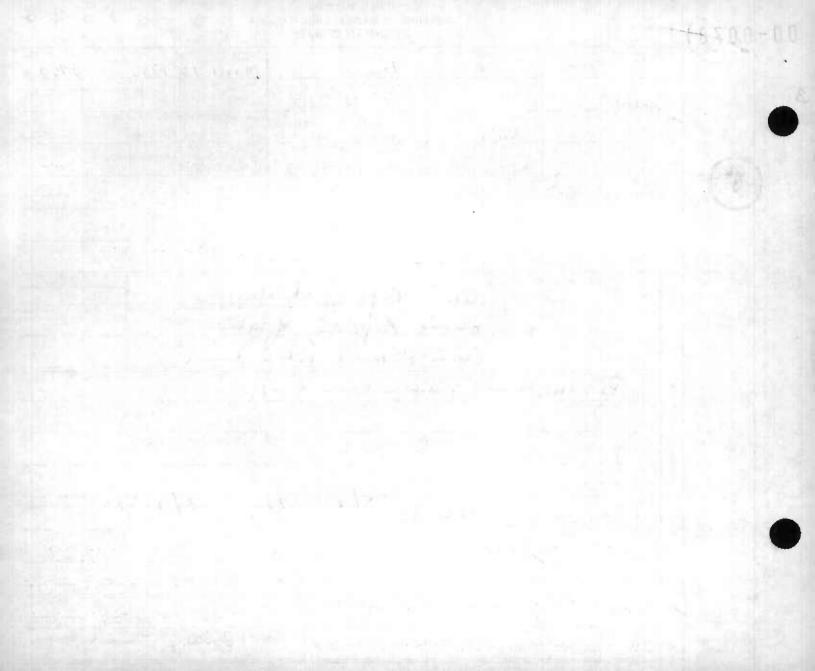
- 0 1 4 6 9 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	9626
Edith Mae Donovan 20 Date OF DEATH MONTH	E
Female White 08 04 1906 79	MONTHS DAYS HOURS MIN.
Powellville, Maryland U.S.A. Never married Never married Wicomico	JNTY OF DEATH
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORK) Salisbury 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Peninsula General Hospital Trimmer	ing life) 126 KIND OF BUSINESS OR INDUSTRY Company
	mons Rd. 21850
William Franklin Kelly Bell Bell	Lewis
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mr. Robert H. Kelley 215-26-5166 Route #8 Box 314 Maryvill	(Nephew) le, Tenn. 37801
18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute Congestion failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	yks
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 110
VES T NOT	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	M 18 PART I OR PART 2)
OR CONTRIBUTINGCAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY IAT MOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
220. Certify that (1) (this haspital) attended the deceased from 2-1 19 to 3-21 saw the deceased blive/on 3-21 19 to and that it (my/(our) apinion death accurred an the date and above. (1) (we did yard not) view the body after death.	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN C	3-21-86
John G. Bulkeley, M.D. Pine Bluff Rd., Salisbury, Mc	d. 21801
230 BURIAL, CREMATION, REMOVAL BURIAL STATE BURIAL 3/25/1986 Perdue Cemetery Powellville,	Wicomico, Marylan
OM 7/84 Holloway Funeral Home, P.A., "Salisbury, Maryland MAK 26 1086" WAK 26 1086" AND	EGISTRAR'S SIGNATURE

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TOTAL PROPERTY AND THE STATE OF DEATH STATE OF DEAT	0 00 = = 3				STATE OF MARYLAND	0 4 0 7	5 9 7
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JOHN F. DOUGLAS MARCH 16, 1986 1. SEX 1. SEX		I DE		MIDDLE			YEAR 26 HOUR
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The Bethferace inservations and processing of the property of the comment of the	oy b	2 SE					DER I YEAR IF UNDER 24 HRS
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The County The County of Death The NAME of Hospital Nurses not have been been been been been been been be	9 11 6	1/	11910	Ivegro			NEATH .
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	OR SEL		saw the deceased alive on,	3-16	0 /	ion death occurred on the date and hour and	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	RECT RECT RECT ed for opt of opt of the opt	10) view the body ofter death.	DEGREE		22c. DATE SIGNED
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DHMH - 16 50M 4/83 24 FUNIFIAL DIRECTOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		736.	BUILD, CREMATION, REMOVAL		THE OF CEMETERY OR CREMATOR	TITY OR TOWN CO	UNITY ASTIE!
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(VRA 15, 4) Lamily N. James of Main Charles MAR 10 1900 /		24 F		Dans . Ado		MAR 1 8 1986	1000 Marketz

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135	Jan B	valve, Marylo		TIZEN OF WE	HAT COUNTRY	? 8	NEVER	MARRIED DIVORCED	9 BALTIMO		COUNTY OF	DEATH	
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ter the certification in the buriel-from to and Mantal Hyg.	MEDICAL CERT	21a. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED NOT WHILE AT WORK	SE OF DEATH EXAMINER)	P.M.	MONTH (19	21f LOCAT	INJURY OCCUR	RED (ENTERNA	TURE OF INJURY		ORPART 2)	STATE
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BAL DR detoch Note Dep			F. S	Wr	-		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF			1986
hould be wedgetax		Joseph Z.	Badros,	M.D.			22e ADDRE	3B East	ern Sho	ore Dr	Salish	oury. M	801 aryland
	23a 8	BURIAL, CREMATION, REA	MOVAL 23b.	3/15/	1986 S	pringhi	I Men	crematory nory Gar	dens CITY	ebron,	Wicom	ico, Mo	ryland
H - 16 60M 7/84		INERAL DIRECTOR	eral Ho	me. P.				530 m	Alten Ba	1986	Sh. REGISTRAR	R'S SIGNATUR	Enden



FOR

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. RIGISTRAR'S SIGNATURE

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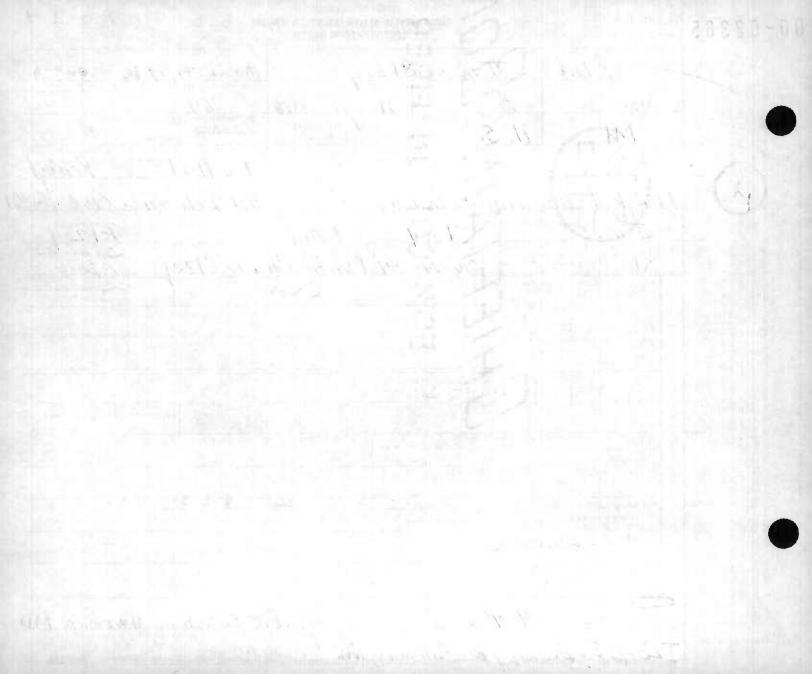
CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR LIYPE OR PRING 0205 AGE (IN YEARS LAST BIRTHDAY) 1.5FX 4 RACE YEAR TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Wicomico WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Salisbury Peninsula General Hospital INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE/CITY LIMITS? 13e STREET ADDRESS. / ZIP CODE IS MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 43100 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY2 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE I AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on and that in (my) our) opinion death occurred on the date and hour and from the causes stated above at tweeled at idid not seew the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 13.31-46 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1204 23 BURIAL SREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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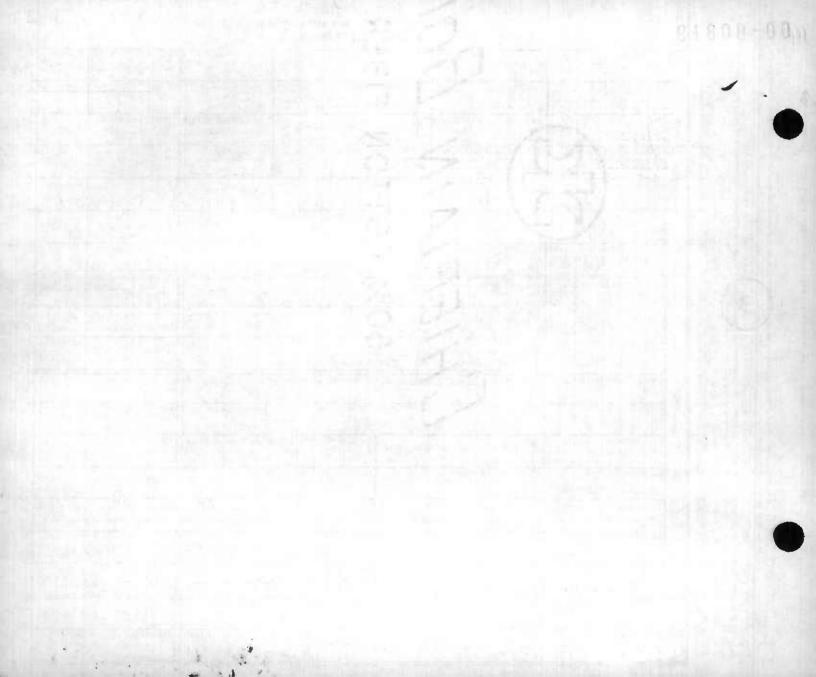
1 - STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6	0	9 6 3 1
DECEASED NAME WILLIAM	Francis	F	inck		MONTH DAY	STO 8 DM
1. SEX 4 RACE		5. DATE C		& AGE LIN YEARS LAST BIRT		NDER I YEAR IF UNDER 24 HRS
/ Male Wh	nite	MONTH	29 20	66	YRS	HS DAYS HOURS MIN.
The BIRTHPLACE (SINCOLORION 76 CITIZ Maryland	EN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OF Wicomico	COUNTY OF	
10 CITY OF TOWN OF DEATH 11. NA	ME OF HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		76. KIND OF BUSINESS OR
Salisbury Riv	or Walk Nu	rsin	g Home	Tool & Di	e WORKING LIFE)	Steel
MD COUNTY OR CHES	. I I3C_CITY OR TOWN			Phyliss	ZIP CODE Drive/	21643
Leonard HODLE	Finck		Annie	WIDDLE		Unknown)
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR E			Lucy C. Fi	Rtado	s Box ck, MD	
18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		eime	s Disease			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITION	(b)		NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN I	N PART I to
TIG. ACCIDENT WAS UNDERLYING 216	CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WI IN CERTIFYING YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
	TIME OF INJURY DUR A.M. MONTH DA' P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART)	OR PART 2)
	PLACE OF INJURY HOME STREET, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOW	vn	COUNTY STATE
27a. I certify that ME (this hospital) atter sow the deceased alive on Walk above, (ME (we) (did) (did not) view th	ich 21 19	Ste, on	d that in (=1) (our) opinion d	, to MON CL eath occurred on the do		that the (we) lost different the couses stated
Thomas C	Hill J.	1	DEGREE M. ATTENDING PHYSICIAN	MEDICAL STAF		3/21/86
774 PHYSICIAN'S NAME (TYPE OR PRINT) THOMAS C. A	fill JR		Pine Bluf	I Road. S	Balish	wy Md.
			Washington	Hurlock		hester, MD
24 FUNERAL DIRECTOR Zeller Funeral Ho	ome, East N	ew M	arket.MD	REC'D. BY REGISTRAR 2	registrar	'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR, A hould be despiced for use with the State Dept, of Hear WPORTANT: If New 21 is et.

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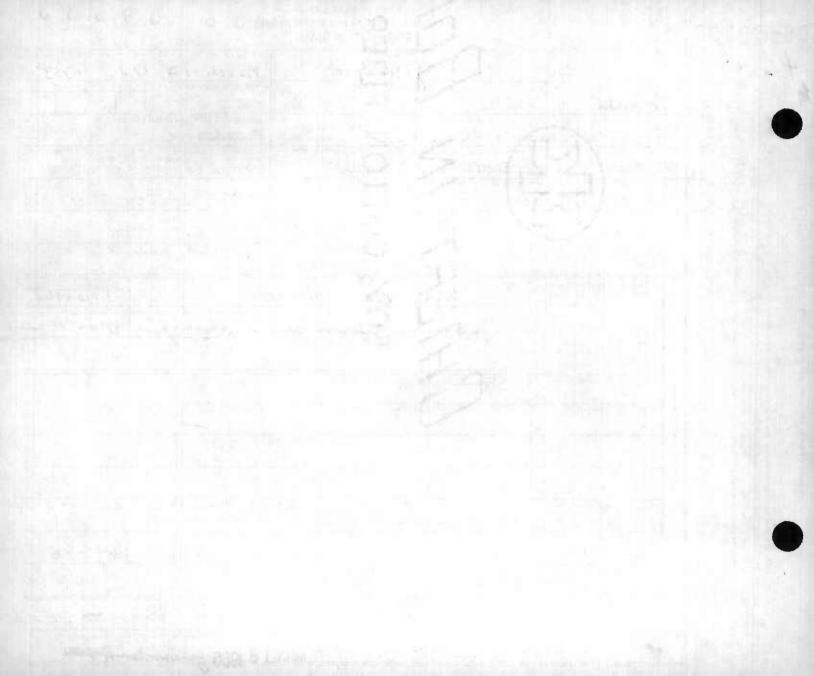
Holloway Funeral Home, P.A., Salisbury, Maryland MAK 1

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



00-0300

] - S	OR STATE REGISTRAR			DEPARTN	ENT OF H		YLAND ID MENTAL HYG F DEATH		REG. NO.	0 9	6	3	4
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1 SEX	Male		4 RACE Whit	;e	S. DATE O	F BIRTH	1936	6 AGE (IN YEARS		WONTHS	R I YEAR DAYS	IF UNDER ;	MIN.
De	Laware OR TOWN OF DE		USA 11 NAME OF F	OSPITAL, NURSIN		D 🗍	DIVORCED DISTITUTION	P BALTIMORE WICOM	ICO C	ounty		F BUSINE	MD.
USUAL	lisbury RESIDENCE IF NO		Deer's	Head Cen	ADMISSION				abore:	r A		cult	ure
130. STA	MD	bor	chester	E.NewMa	rket	YES 🗌		MD Rt	· 16/	21631		S	
FAIR	John		MIDDLE	Gland	en	IS MOTHE	Richa	м	NIDDLE		Bri	de	
	NO OR UNKNOWN)		MED FORCES?	212-40-		All	en Copp				60	643	8
18	PART I. DEATH	WAS CAUSE	nly one cause per D BY: TE CAUSE (a)	line for (a), (b), and	Ca.	n	netast live	asis	to		APPROXI	MATE INTER	ZEATH DEATH
	Canditions, if an gave rise to in cause to t, stat underlying cour	y, which nmediate ing the	DUE TO, OI	R AS A CONSEQUE			l.'ve	1 6 27	redices	tinas	m		4
NO.				INTRIBUTING TO D								1	- 2
RTIFICA	DATE OF OPER	ATION	19b CONDI	TION FOR WHICH	OPERATION	V WAS PER	RFORMED	200 AUTOPS YES N		ERTIFYING (

21b. TIME OF INJURY

HOUR A.M. MONTH P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1

YEAR

211 LOCATION

CITY OR TOWN COUNTY STATE

220 1 certify that (I) (this haspital) attended the deceased fra saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

KYUNG OOK YOON 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Deer's Head Center, Salisbury, Md.

23c. NAME OF CEMETERY OR CREMATORY EastNewMarket, Dorch., MD EastNewMarketCem.

ATTENDING

24Zeller Funeral Home, Easts New Market, MD ADD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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KYUNG 00K YOUR m.c. you was a made Center, Self-Dury, Md. 20001

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(VRA 15, 4)

00-005211- FOR REGISTRAR

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	-	-					_	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
6		JAME	S R.	GRIMMS	R, MARCH 12	1986 1216 M
24	EX	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 2 1 2 1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
34		THPLACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OF DEATH
4		1110,	0.714	WIDOWED DIVORCED		MD
71		Y OR TOWN OF DEATH	In NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Peninsula Gener		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
74	JSUA 13a S	L RESIDENCE (IF NURSING HOME OR TATE 131 COULD	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	? 136 STREET ADDRESS ZIP CODE	et 21811
3	J A	HER'S NAME FIRST EDROE	MODELY GRIMM	IS MOTHER'S MAIDEN	RA GRIFFI	IN LAST
14	60 W	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	2-8445 DOCCS	GRIMM 1	ERLINAD.
		PART I. DEATH WAS CAUSE	ly one cause per line (or (a), (b), a D BY: E CAUSE (o)	e Myocandi	a Injunction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	miny thatain	Disorbe.	12yrax
	Z O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
7	TIFICATI	% DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
9	CAL CES	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
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		STATURE	Morra	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	376 DATE SIGNED
		IN CLADS NAME (TYPEO	2. Mennil	100 F	buer St., S	alisbury, M
2		JRIAL, CREMATION, REMOVAL	3-17-86 23c.	NAME OF CEMETERY OR CREMATOR	13d LOCATION STATEMENT TO C	STATE STATE
7/B4 2		NERAL DIRECTOR	- 11 Querym	///	DATE REC'D. BY REGISTRAR 25b. REGISTA	RAR'S SIGNATURE

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oge 4 m.		ale	White	S DATE OF BIRTH ASSILL 8 DAY 1918AR	67 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS				
- 1 SE 10 1	Mi	HTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	Wicomico	OF DEATH MD.				
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1 18 101		Howard E. Modernis LAST Leah James MIDDLE LAST								
Popular Popular	160	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC LIVE WAR OR DATES) 433-09	-4207 Betty D. Ha	rris, Chinco teagu	e, Virginia				
RECORDS, 201 W, PRESTON 51., But on the death cardiscal or to been signed by the attending physical permit Then please remove carbon paper ne please to hydrol, cremation, or remove my only requiry, or other traummits events.	HCATION	PART I. DEATH WAS CAUSI IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last	DUE TO, OR AS A CONSEO DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO LETTER TO SECULATE TO SECULATE THE SECULATION SECURATION SECURATION SECURATION SECURATION SECURATION SECULATION SECURATION SECURATION SECURATION SECURATION SECURATION SECULATION SECURATION SECUR	UENCE OF VOUNTICULAR DEATH BUT NOT RELATED TO THE TERM	winal bysease OR CONDITION GIVE S/ Carried end 7200 AUTOPSY? 200 IF YES IN CERTIF	Soveel years' EN IN PART LID EN IN PART LID EN IN PART LID WERE FINDINGS USED WING CAUSES OF DEATH? NO []				
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0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		SURIAL, CREMATION, REMOVAL SPECIFI THERMORECTOR			23d LOCATION TENDENANCEVIL TEREC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00-03287 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 26. HOUR March 29, 1986 Hastings Ada 1:00 Mae 4. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH MONTH White Female To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Wicomico County Maryland DIVORCED A IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Residence INDUSTRY Salisbury Seamstress arment USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 528 Wrinder St./21801 Salisbury 13d INSIDE CITY LIMITS? Wicomico YES TA NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Clifford Horner Kirwan Lydia P. O. ABOX 1470 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 21801 216-16-7383 Dale Evans Salisbury, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), 1b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER 19 21e PLACE OF INJURY 21L LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased live on obove (I) (me) (did did not) view the body after death. __ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 3-29-86 PHYSICIAN DIRECTOR PHYSICIAN

should be deto-with the State D MPORTANT. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE Zeider Funeral Home, Satisbury, MD

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

4-2-86

Schaefer, MD

23c NAME OF CEMETERY OR CREMATORY Spring Hill

22e ADDRESS

560 Riverside Drive, Salisbury, MD 23d. LOCATION

Hebron, Wicomico, MD

STATE

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE and that in (any) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 236 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION CITY OF TOWN 3-24-86 Burial Bishopville Bishopville Worcester 254 DATE REC'D. BY REGISTRANDS. REGISTRAN'S SIGNATUR WHEN EXECUTED TO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

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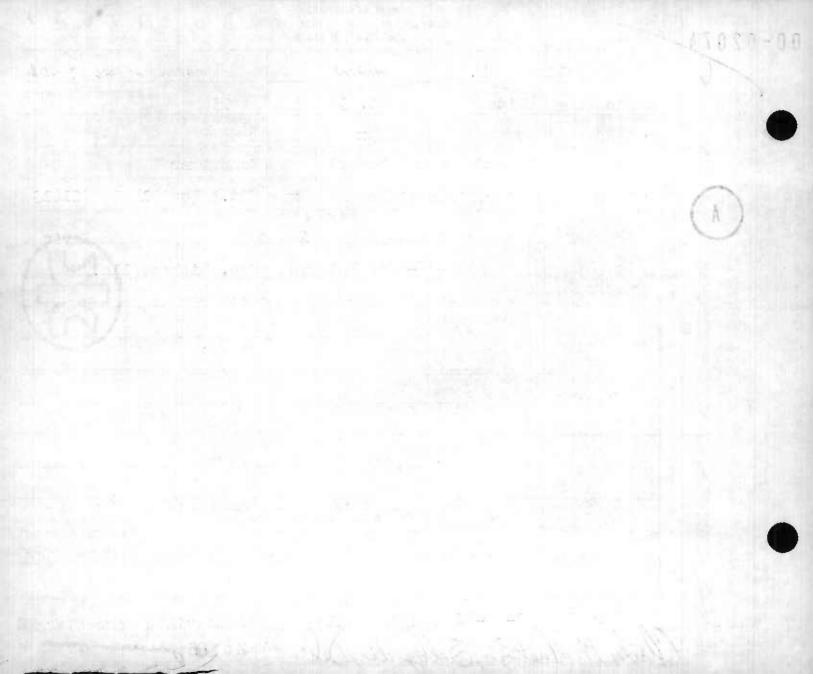
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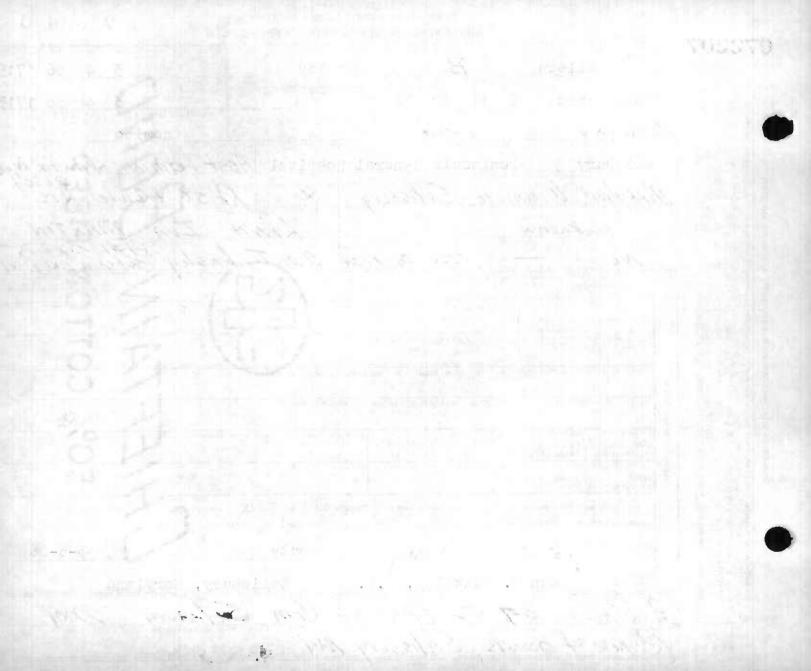
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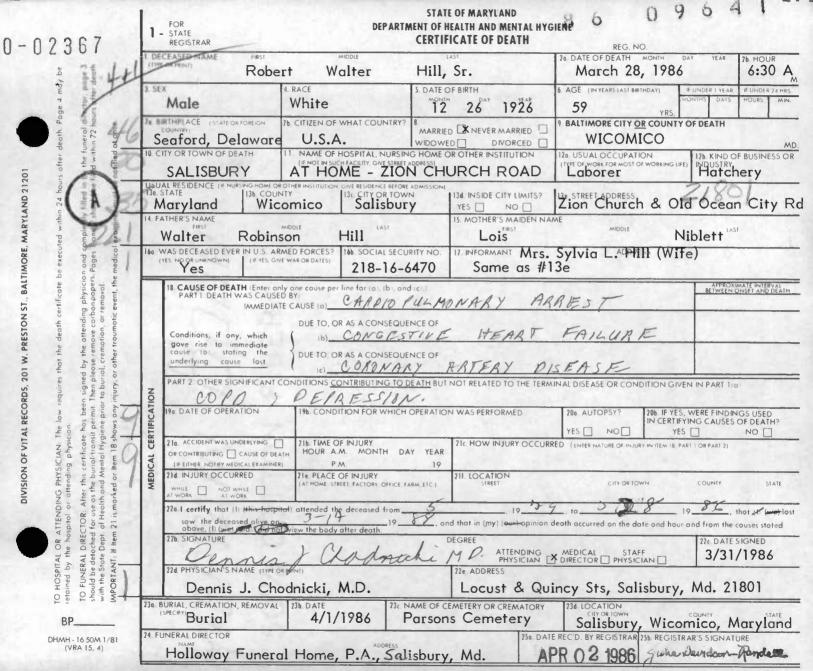
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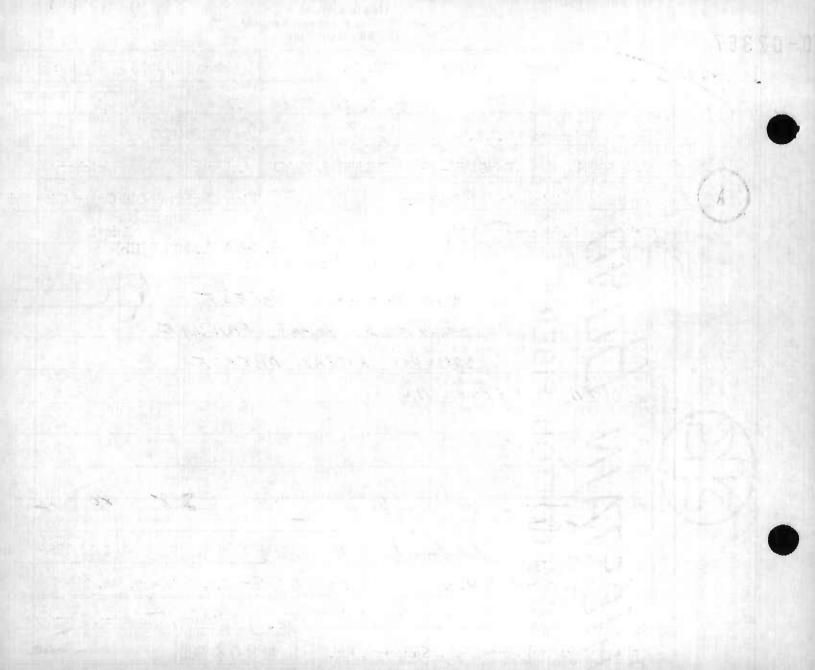
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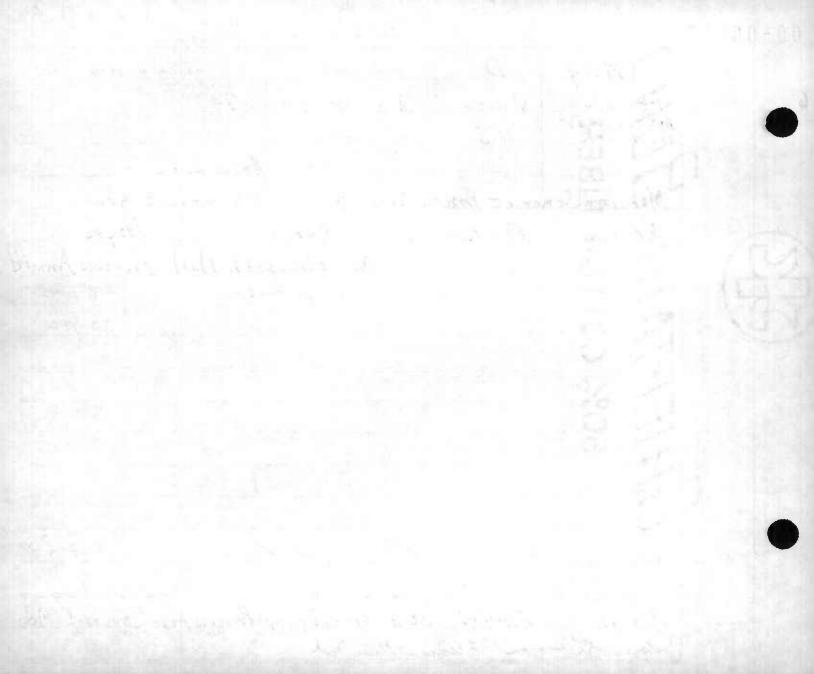


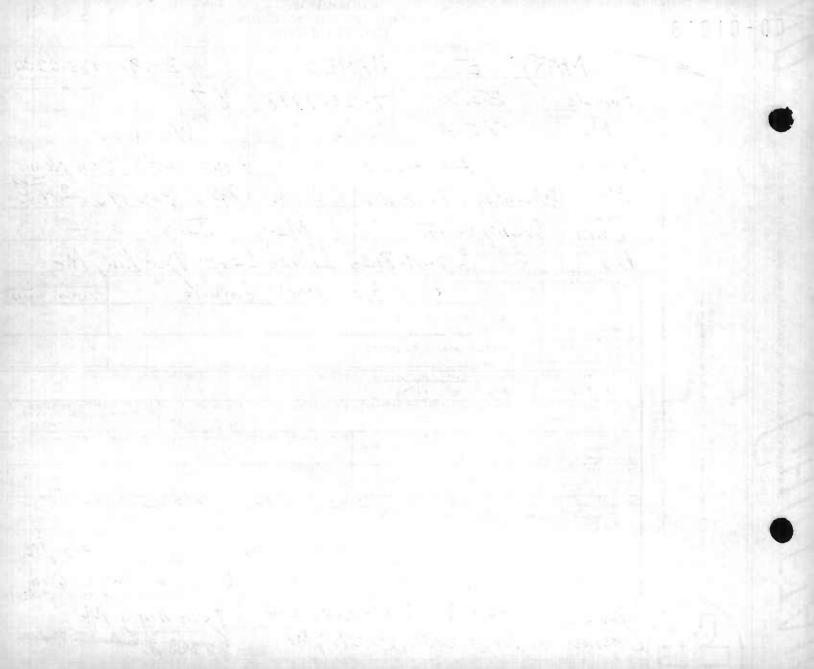
Items 18-22 pe:	M.E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE	00/40
1 - STATE dad REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 4 9 4 0
DECEASED NAME FIRST	MIDDLE LAST Za. DATE KNOWN	
Eileen	B. Hensley DEATH MATED	3 4 1986 1718
SEX 4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 26. HOUR
emale White	2 14 10 76 YRS. DEAD	3 4 1986 1714
To BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
Michigan	U.S. A WIDOWED X DIVORCED Wicom	
O CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Salisbury	Peninsula General Hospital H35+ Ham	IN. Home top Aga
30 STATE 136 SOUNT	Y 130 ETPY OP TOWN 130 INSIDE CITY LIMITS? 130 STORES /	1.00
FATHER'S NAME	15. MOTHER'S MAIDEN NAME	evie pre.
FIRST	MIDDLE LAST EIRST MIDDLE	MARTIN
160 WAS DECEASED EVER IN U.S. ARN (YES, NO. OR UNKNOWN) (1F YES, GIVE V	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRES	8/4/ Bx 271-
(YES, NO, OR UNINOWN) (IF YES, GIVE V	220-26-1724 Um. T. Konsley	Salean nul 10-
18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED	oby. ECAUSE(o)Congestive Heart Failure	4 hours
12.07	DUE TO, OR AS A CONSEQUENCE-OF	
Canditians, if any, which gave rise to immediate	(b) Arteriosclerotic Hear Disease	years
cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
BART A DANGA CICARGONA COURTY OF	(c)	
	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 d. ip, Alzheimer's Disease, Emphysema, Suba:	rachnoid Hemmor
190. DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
3/2/86	Fractured hip	
21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 15	YES NO D
	HOUR A.M. MONTH DAY YEAR	LI TO THE
214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 21f LOCATION	
WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) Salisbury Nursing Rt. 50 at Civic Ave	e., Salisbury,
		omico, Md.
	e at the remains described above, held on Autopsy (X), Inspection (X), Inquiry (X), or	ne in my opinion
1000	TITLE (SPECIFY)	
ACTUAL SIGNATURE	Deputy MEDICAL EXAMINER	DATE 3-5-86
EXAMINER'S NAME	MEDICALEAAMINER	21014ED
(TYPE OR PRINT) John	T. Bulkeley, M.D. ADDRESS Salisbury, Mary	land
230. BURIAL, CREMATION, REMOVAL 23		COUNTY STATE
QURIAL :	3-7-1986 PARSONS CAM SHISRURY	mel
24 FUNERAL DIRECTOR	ADDRESS ADDRESS ADDRESS ADDRESS AND ALEREC'D. BY REGISTRAR 256 PEG	SISTRAR'S SIGNATURE
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(VRA 15, 4)

22: DAJE SKINED DIRECTOR PHYSICIAN 21801 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 3/12/1986 Springhill Memory Gardens Hebron, Wicomico, Maryland 24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

126 KIND OF BUSINESS OR Nursing

21801

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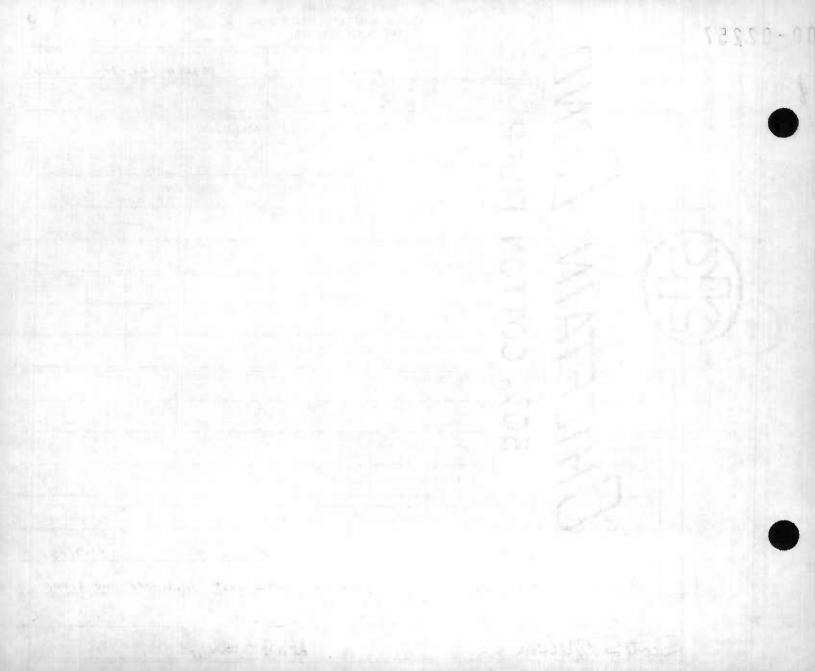
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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page 3	1	Otho	John	JONES	MARC	CH 27,1926	1330
er d	3 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT		HOURS /
ge 4	ma	ale	white	Nov. 18, 1909	76	YRS	
Pour Pour	To BI	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? B MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
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led by	31				13e STREET ADDRESS /		1051
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Marit and 2	20	FIRST	MIDDLE	FIRST	MIDDLE	LAST	
or o	7/	William VAS DECEASED EVER IN U.S. AR	Jone		ADDRE	Pilch	ard
nnd o			E WAR OR DATES)	SECURITY NO. 17 INFORMANT	900 Walnut		
S. Po		no	214-0	9-6232 Mary Jones	Pocomoke	e City, Md.	218
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thouse death debug d by cathering phees eas cremation, or rema ir other froumatic ever		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		EQUENCE OF			
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ay be age 3 death		OR PRINT) JOHN	The sta	D.	KAMBA	RN	20. DATE OF DEATH	3	16 86	12:30 A.M
Tho Though	3 SE		4 RACE		S. DATE C	FBIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ector res of		Male	White	2	Apr	1 10, 1901	84	YRS	DATS	MIN.
in 72 hou	(RTHPLACE ISTATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN O	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY WICOM		TY OF DEATH	MD.
by the fu		TY OR TOWN OF DEATH ALISBURY	F NOT IN S	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET URY NURSIN	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST RETURED		LIFE) INDUSTRY	phone (o.
offending physician. We physician that the death are cuted within 24 hours offending physician. We this certificate has been signed to the intendent of historian of completely filled in by as the buriol tronsit permit. Then permit is considered to be full certified to the ond Mental Hygiene prior to be full certified to the medical examiner was becaused or them 18 shows any injury, at other traumatic event, the medical examiner was becaused or them 18 shows any injury, at other traumatic event, the medical examiner was because of the control of the cont	139 5	AL RESIDENCE (IF NURSING HO L'AZINIA CO	nack	ON GIVE RESIDENCE BEFORE 12. CITY OR TOW rinco te		134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	/ ZIP COI	£ 23336	-99949
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SICIAN T ng physici certhicate rrial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
G PHYSk er this ce if the buring and Meriked or the	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY-OR T	OWN	COUNTY	STATE
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P.D.	(URIAL, CREMATION, REMOVAL	236 DATE	10		METERY OR CREMATORY	23d LOCATION	11 11	COUNTY.	STATE
39099		JURIAL DIRECTOR	13-14-	-00	ounun	r (enetery	TE REC'D. BY REGISTRAI		enginia	TIDE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENB 00 - 00021- STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TE MONTH STIPL OF PRACT ESTI-DEATH MATED Alex Kellam 1986 1034 & AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 09 DEAD Male White 10 0 76 1986 1103 BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRYS Maryland U.S.A. DIVORCED [Wicomico WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Park Ranger State of Md. Peninsula General Hospital alisbury AL RESIDENCE (IE IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Crisfield Somerset 103 Columbia Avenue (21817)Maryland YEST NO F FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gordon Kellam Maggie Evans WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN 218-12-1559 Dorothy S. Kellam Same as 13 a,b,c,d,e None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple Trauma 15 hrs. X IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3-7-86 Multiple Trauma YES NO. 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) HOUR A.M. MONTH DAY UNDERLYING TO OR 185Qm. Driver of vehicle striking parked car CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK street St. & Balt. Ave, OceanCity, Wor., Md. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST Inspection X Inquiry X 220 I certify that I took charge of the remains described obove, held on Autopsy and in my opinian Accident X death resulted fram: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) 3-8-86 Deputy Pine Bluff Rd. EXAMINER'S NAME Salisbury. Maryland John T. Bulkelev. M. D. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE Burial 3/11/86 Crisfield Sunnyridge Memorial Park Somerset 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Crisfield, Md. Bradshaw & Sons MAR 12 TORK (VR A) 5 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME F	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH DATE	Y YEAR	2b. HOUR
В	ERTHA LAMBERTSON		3-7-8	36	8:05
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDERLYEAR	IF UNDER 24
female	white	Dec. 24, 1888	97 YRS	MIHS DAYS	HOURS
TO BIRTHPLACE (STATE OR FORE	IGN TO CITIZEN OF WHAT COUNTE	RY? 8	9 BALTIMORE CITY OR COUNTY O	FDEATH	

COUNTRY VIRGINIA

MARRIED WEVER MARRIED USA WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

WICOMICO COUNTY 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR INDUSTRY

SALISBURY NURSING HOME SALISBURY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130 STATE IN COUNTY 13c CITY OR TOWN Worcester Pocomoke Maryland MIDDLE

13d INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NAME

FIRST

1400 Cedar Street

housewife

TYPE OF WORK FOR MOST OF WORKING LIFE)

130 STREET ADDRESS / ZIP CODE

MIDDLE

21851

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

14 FATHER'S NAME Charles

no

10 CITY OR TOWN OF DEATH

FOR

140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c)

17 INFORMANT

Margaret

Showalwter Annis

P. O. Box Pocomoke

IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse to), stoting the

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

LAST

212-74-989

Mvers

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

underlying cause lost

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE AT WORK

226 SIGNATURE

Burial

LIF EITHER NOTIFY MEDICAL EXAMINER)

NOI WHILE

210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 10 21s. PLACE OF INJURY

INT HOME STREET, FACTORY OFFICE FARM ETC 1

STREET

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

LITY OF FOWN

20a AUTOPSY?

211 LOCATION

YES [

COUNT STATE

NO [

20h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on.

obove, (1) (we) (did) (did not) view the body ofter death

10/86

ATTENDING MEDICAL PHYSICIAN PLOTRECTOR PHYSICIAN

Cem.

17r. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

21801 AVE, SALISBURY

WILLIAM ROBINS, M.D. 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

First Baptist

DEGREE

23d LOCATION CITY OR TOWN

Worcester Md.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Pocomoke City, Md.

Pocomoke 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL I

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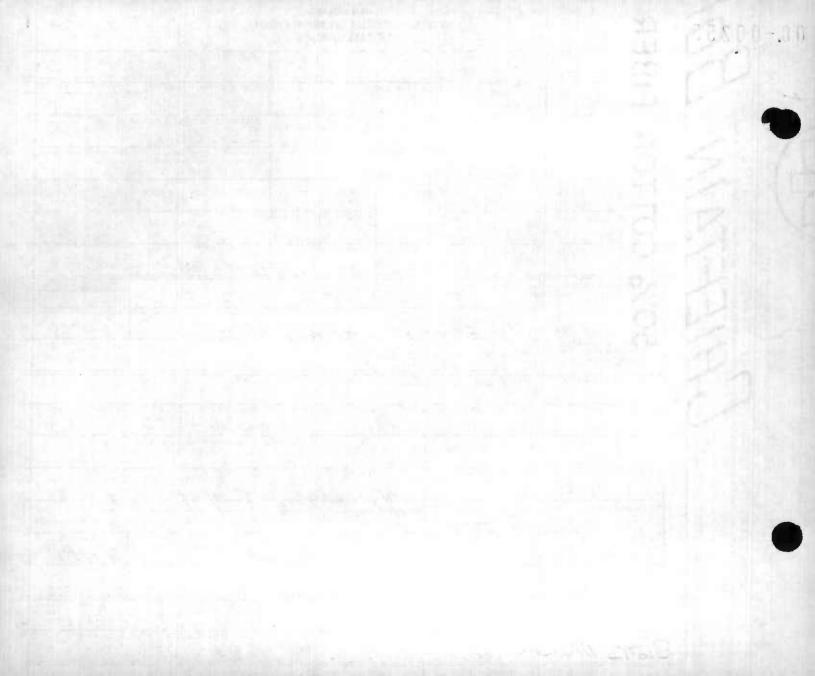
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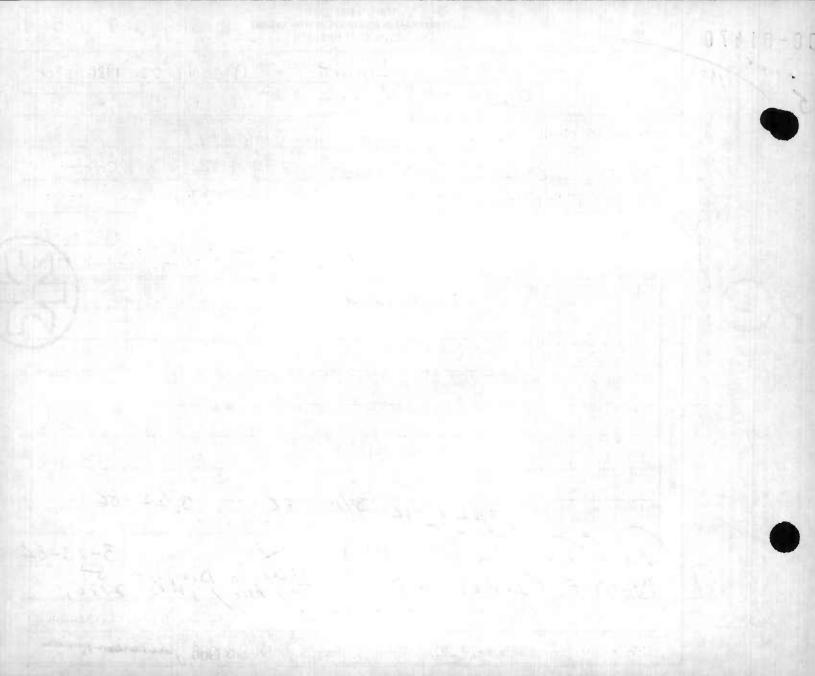
PORTANT



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTING REG. NO DATE KNOWN XX MONTH OF ESTI-David 13 19 86 James Lane 4. RACE 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED 4:28P White Male 29 1949 36 DEAD 08 13 1986 YRS ARTHPLACE INTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED DIVORCED Wicomico County CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Salesman Salisbury Peninsula General Hospital 13d INSIDE CITY LIMITS? 506 Atlantic Avenue Maryland Wicomico Salisbury 21801 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Elsie Berry Lane 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Mrs. Melody M. Lane (Wife) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 578-64-8496 Same as 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK X 228. I certify that I-taok charge of the remains described above, held on deoth resulted from Natural causes Homicide Undetermined manner Suicide TITLE (SPECIFY) 3/14/86 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Cremation 3/15/1986 Salisbury, Wicomico, Maryland Salisbury Crematory 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))

PETER LINE LEVINORS TO SERVE AND ASSESSED. Birth Called and the second of the second The state of the s The second of th Florage Do grant of the Constant Marin Committee of the Mile gent marine and a survey to the A STATE OF THE PARTY OF THE PAR

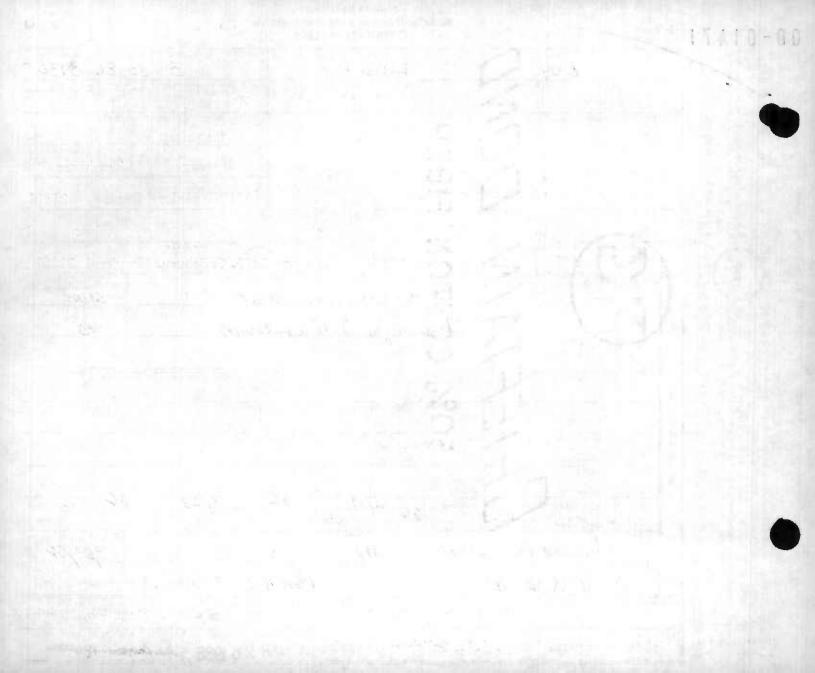
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70	1.	FOR STATE RECISTRAR			DEPART		ICATE OF DEATH	YGIENE 8 6	10.	9 6	5 4
-		CEASED NAME	FIRST		WIDDLE	1	innett	20 DATE OF DEATH	MONTH DAY		26 HOUR
4		W	arrer	1	Peter	L	Innett	March	7 22	1986	1900m
	∄ SE	X		4 RACE		5. DATE C		6 AGE LIN YEARS LAST BI	RTHDAY) IF I	UNDER I YEAR	HOURS MIN.
2	4	Male		White			716/1923 YEAR	62	YRS		
5		RTHPLACE (STATE OR FO			WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY OF	FDEATH	
4		alisbury, Mar				WIDOWE		- 111100111100			MD.
1	1	ITY OR TOWN OF DEA	TH .	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
0	Sa	lisbury	NC HOUS OF	Peninsu	ıla Gener	al Hos	spital	Medi Culi	er	Groce	ery
5		STATE laryland	Wico	mico	Salisbu	nd AN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	t 2	21801
7	14 F	ATHER'S NAME					15. MOTHER'S MAIDEN N	IAME			
Q.	V	Edward		P.	Linnet	t	Annie	Ma	e	Adkin	5
1	160	WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT Mrs	Street, Salish	Wife (Wife		
		YES NO OR UNKNOWN)	WV	VII	217-16-	9429	311 E. Vine	Streef, Salish	oury, Ma	ryland	21801
		18 CAUSE OF DEATH	(Enter on	ly one couse per	line for (a), (b), a	nd ic				APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
				D BY: TE CAUSE (0)	Emp	hyse	ma	MILT-JEE N.			1
				DUE TO, O	R AS A CONSEQU	/					1-173
		Conditions, if any,	which	((b)_							
		couse (a), stating	g the	DUE TO, O	R AS A CONSEQU	JENCE OF					
				((c)							
	z	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN	IN PART TIO	
_	ATIO	19a, DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Tanh 16 YES V	VERE FINDING	CSTISED
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1		OR CONTRIBUTING C		NIN .	M. MONTH [M.	AY YEAR					
/	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
	X	WHILE NOT WHI	AE C	(AT HOME, STE	REET FACTORY OFFICE	FARM, ETC }	STREET	CHY/ON 14	1	5	STATE
		22a.1 certify that (1)		tal) attended th	e deceased from,		3/15 19 8		1/2210	06	ot (I) (we) lost
		sow the decease	d olive on		offer death 3	01	nd that in (my) (our) opinio	in death accurred on the	ate and hou or	nd Irom the co	ouses stated
		126. SIGNATURE	,	New tile body			DEGREE	,		22c. DATE SI	IGNED
	(LAN) .	(1	00	in	ATTENDING PHYSICIAN	MEDICAL STA		3-2	3-86
1	1	22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)			22e ADDRESS 136	11 A 2 0	nsian	5	
		(1) ANID	E.	Coun	LL. X	ND	50/	ic buris	MIN	2180	5)
	23a l	BURIAL, CREMATION, F	REMOVAL	3/26/	100/ 23	NAME OF C	emetery or crematory			COLLEGE	CTATE
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		Holloway	Fune	ral Hom	e, P.A.,	alisbu	ry, Maryland	MAK 26 1986	yuna was	10000 -16	



00193	'	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
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4 may	3. SE	Female	RACE White	9	5. DATE C	e 16°, 1902	6. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER I YEAR	IF UNDER 24 H
neral dire		RTHPLACE (STATE OR FOREIGN DUNTRY)	OLS	what COUNTRY?	8. MARRIEI WIDOWE	DIVORCED	BALTIMORE CITY OR COUNTY Wicomico Coun		TOE
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s been signed by the off smit. Then please remove prior to burial, cremotio s ony mjury, or other frou	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause to i, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(c) ONDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO THE TERM		GIVEN IN PART 1:	NGS USED
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Holloway Funeral Home, P.A., Salisbury, Md.

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				STATE OF MAKTLAND		40x 60x	y yes g
00-00189	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6	0 9	65/
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AL RECORD he low required hos been s t permit The lower prior to low seption to l	CERTIFICATION	190 DATE OLD FRATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	IN CERTIFYING CAUS	DINGS USED ES OF DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3 SEX			S. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female (Caucasian	3	28 1923	6	7	MONTHS DAYS	HOURS MIN.
-		RTHPLACE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARDIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
7		Md	U.S.	WIDOWE		Wicomico			MD
-	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		PROTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OR
-			eninsula Genera		spital	Howewife			
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		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B)	Y:	. ,	1	+		BETWEEN	MATE INTERVAL ONSET AND DEATH
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9		Conditions, if ony, which gave rise to immediate	(b) Cryu	000	gradure 0 -00	may rucce	щ		
١		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	ICE OF		O			
			(c)						
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ĭ	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
	T F					YES NO		YING CAUSES	OF DEATH?
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	N N	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 19					
	EDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

236 DATE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

and that in (10) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY

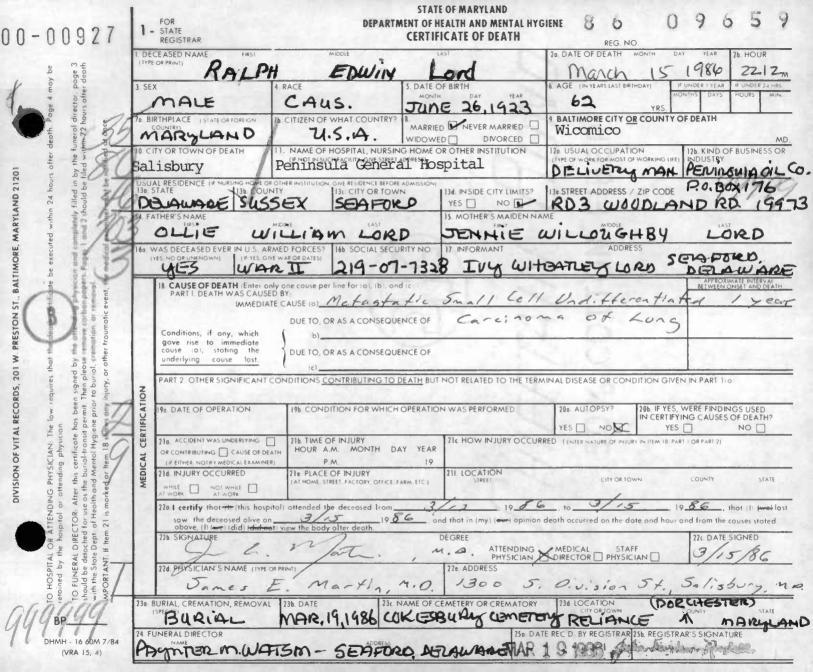
230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

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the f	© //		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI		D OF BUSINESS
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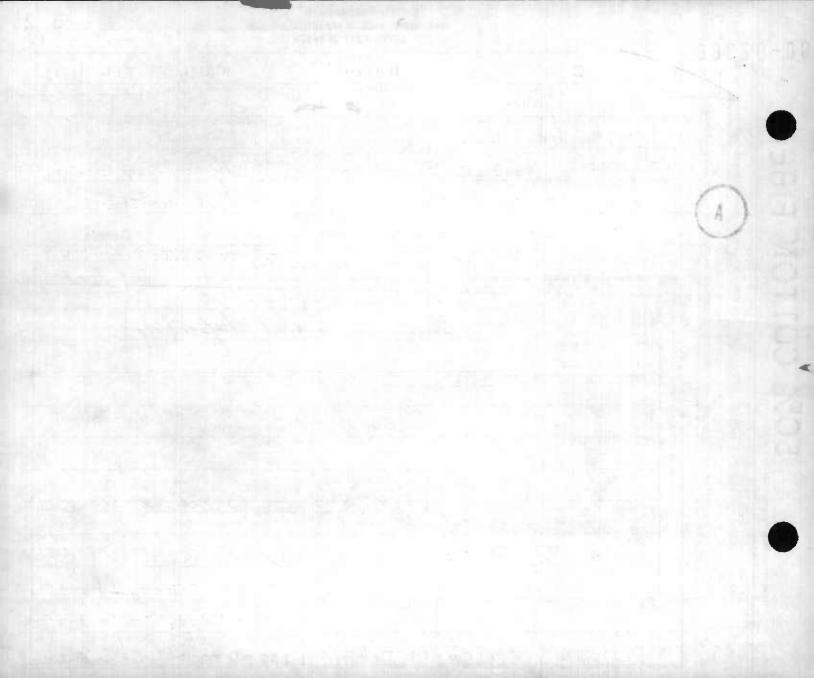
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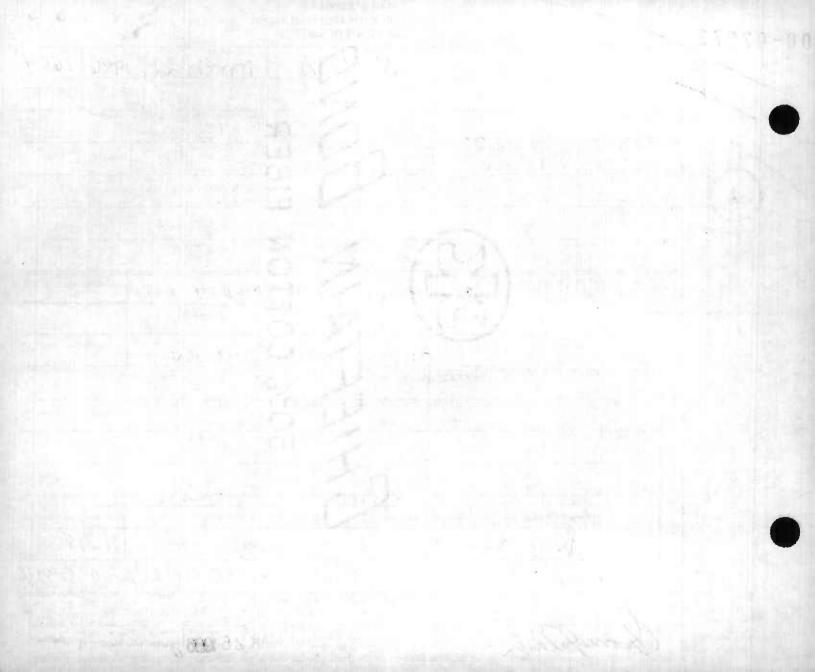
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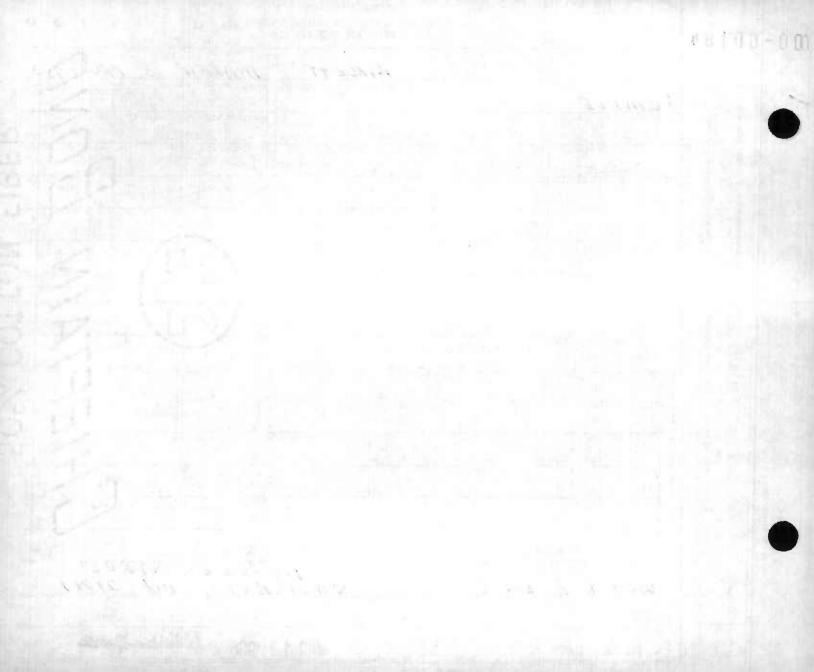
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-02503 - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 2h. HOUR (TYPE OR PRINT) DEATH MATED David Parkinson 281986 10900 4. RACE S. DATE OF BIRTH IE UNDER 24 HRS DATE YEAR DAY LAST BIRTHD AYL PRONOUNCED DEAD White 36 281986 0900 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland U.S. WIDOWED [DIVORCED Wicomico O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) Waterman Peninsula General Hospital Salisbury III. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Somerset Wenona YES No [PO Box52 21870 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walter Ella Parkinson White 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Yes 1960-65 218-34-8240 Mr. Roland Parkinson Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary Occlusion mins DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Arteriosclerotic Heart Disease vears gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 2 Is PLACE OF INJURY FATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 228 I certify that I took charge of the remains described above, held an Autopsy Notural causes XX death resulted from: Accident Hamicide ___ Undetermined monner Suicide TITLE (SPECIFY) DATE 3/28/86 Deputy EXAMINER'S NAM TYPE OR PRINT) John T. Bulkeley. M.D Salisbury. **ADDRESS** 23c. NAME OF CEMETERY OR CREMATORY 3-29-86 Removal 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. (VR A15 ME (5)) Anatomy Board

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				STATE OF MARYLAND	115	0 0 4 0
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DEPARTME

Holloway Funeral Home, P.A., Salisbury, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	3. SE			4 RACE		5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		Male		Whi	te	12	19^* 1905	80	YRS	NONTHS DATS	HOURS MIN.
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E -		ATHER'S NAME	1110		Jansbor	7	YES NO S		seorgia A	Avenue	21801
707/	11.17	Bertram	-	MIDDLE	erkins		Freida	MID	DLE	(Unknow	(1)
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121		sow the decease above, (1) (we) (c	ed olive on, did) (did no	I view the body	alter death	, or	d that in (my) (our) opinion i	deoth occurred on	the date and hou	r ond from the	couses stated
Hen		228. SIGNATURE	700	1	110		DEGREE			22c. DATE	SIGNED
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STAN		77d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS			111	
MPORTANT: If them		WILLIAM R			ENTER WIL		CIVIC AVE, &	RT. 50,	SALISBU	RY, MD.	21801
2		BURIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
_		Crema	tion	3/26	/1986 Sc	alisbur	y Crematory		ry, Wicor		
	24 FL	UNERAL DIRECTOR					25a DAI	EREC'D. BY REGIS	RAR 25h REGIST,	RAR'S SIGNAT	LIRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO IN CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (our) opinion death accurred on the date and have and from the causes stated IN DATE SIGNED DIRECTOR PHYSICIAN 547 Riverside Drive, Salisbury, Maryland 21801 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial 3/18/1986 Riverside Cemetery Powellville, Wicomico, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Holloway Funeral Home, P.A., Salisbury, Md. -undoringanders

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12h KIND OF BUSINESS OF

INDUSTRY

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Pepper

DHMH - 16 60M 7/B4 (VRA 15, 4)



1-02166	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 9 6 7 2
02100	1 DECEASED NAME	FRST MIDDLE LAST Zo. DATE OF DEATH MONTH DAY YEAR Zb HOUR
X 715 1 500	(TYPE OR PRINT)	41. Pugh Sr. March 18, 1986 10010. M
7 5 64	3. SEX	4 RACE S DAY OF BIRTH MONTH DAY YEAR 1 WORTH DAY WO
10 10 N/C	BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF WHAT COUNTRY? 8
1 11 14	10 CITY OR TOWN OF DEATH	WIDOWED DIVORCED WICOMICO MD.
1130	Salisbury	Peninsula General Hospital Peninsula General Hospital Peninsula General Hospital
(BX	LAL RESIDENCE (IF NURSING STATE	SHOW OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 (INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 2/8/1/
10	ATHER'S NAME	MIDDLE D. LAST L. IS MOTHER'S MAIDEN NAME MIDDLE LAST L. LAST
and the second	III. WAS DECEASED EVER IN	N.U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT APPRESS RX. 182
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physic suparp emosol event, 1	PART I. DEATH WAS	(Enter only one couse per line to 1, 1b, and 1c server onser and death
oth ce ending e-corbi		DUE TO, OR AS A CONSEQUENCE OF Wich Cornel
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Then you will be a supported by the support of the	-	FICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
A property of	190 DATE OF OPERATION	ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CIAN: T physics of troops tol type	210. ACCIDENT WAS UNDER	USE OF DEATH HOUR A.M. MONTH DAY YEAR
Sept and a	(IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRE	
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TTEND print o TTO# of Hecuse of Hecuse 21 h m	sow the deceased	this handles oftended the deceosed from
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O HOSS) accopy	A (rasso MO Lisuo S. Morom St Stairs MM)
BP	230 BURIAL, CREMATION, RE	EMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 238 LOCATION BOUNTY COUNTY CO
DHMH - 16 60M 7/114	THE PERIOD DIRECTOR	4 APRO 2 1986 APRO 2 1986

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DHMH - 16 60M 7/84 (VRA 15, 4)

Marvel-Short Funeral Home Delmar, De. 19940

3-5-1986

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

St. Stephens Cemetery

Delmar Sussex Delaware 250 DATE REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE Guia Davidson Randelle

23d LOCATION

IF LINDER 24 MR

176 KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

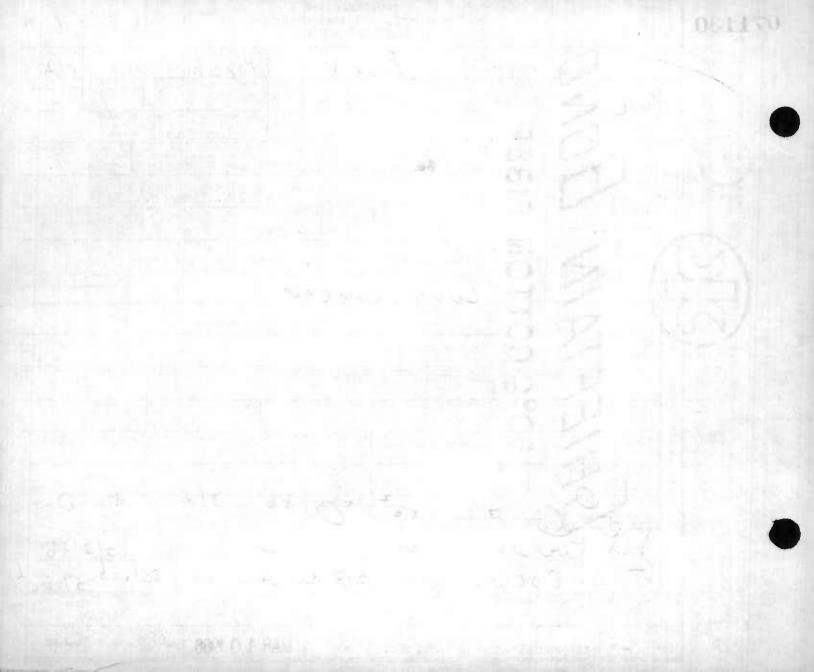
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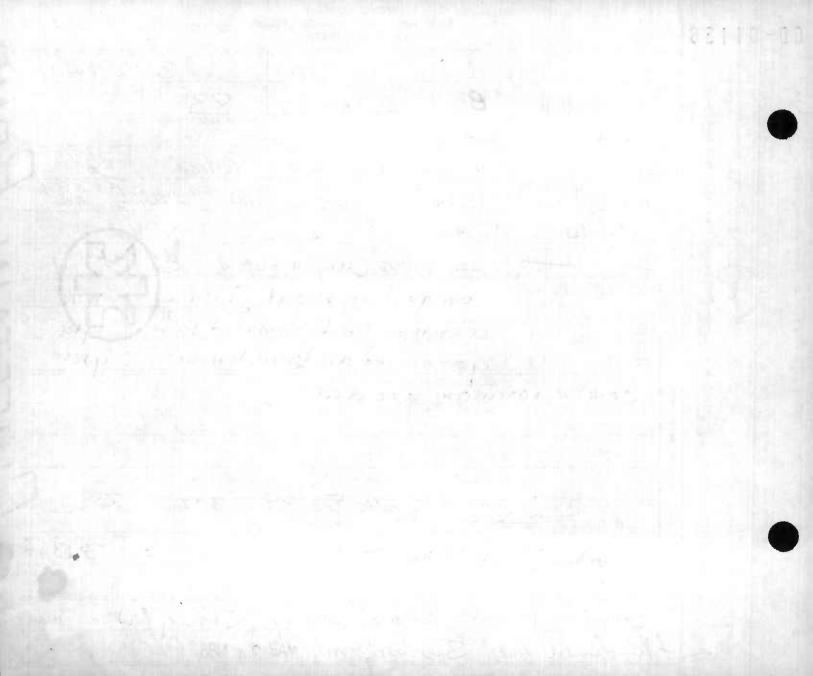
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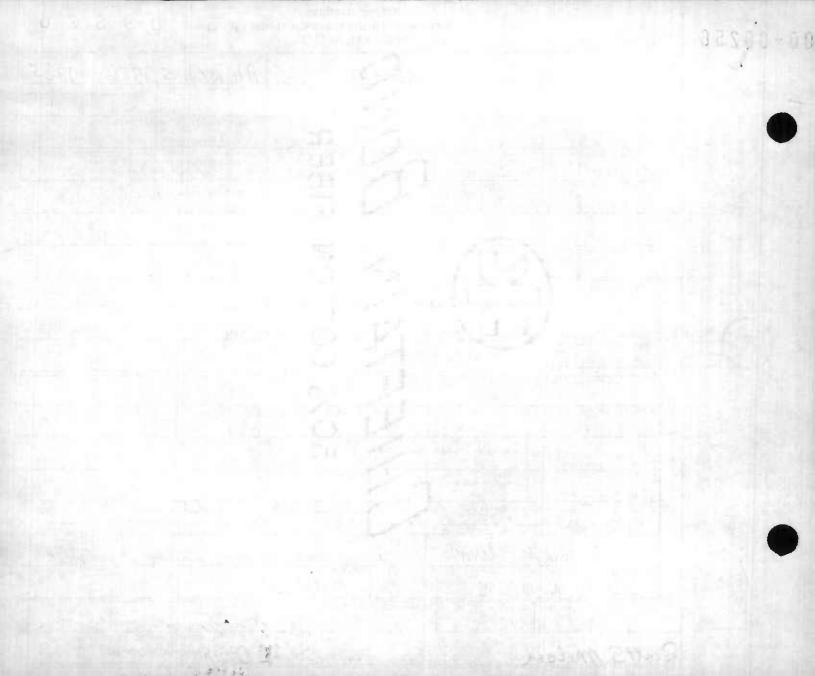
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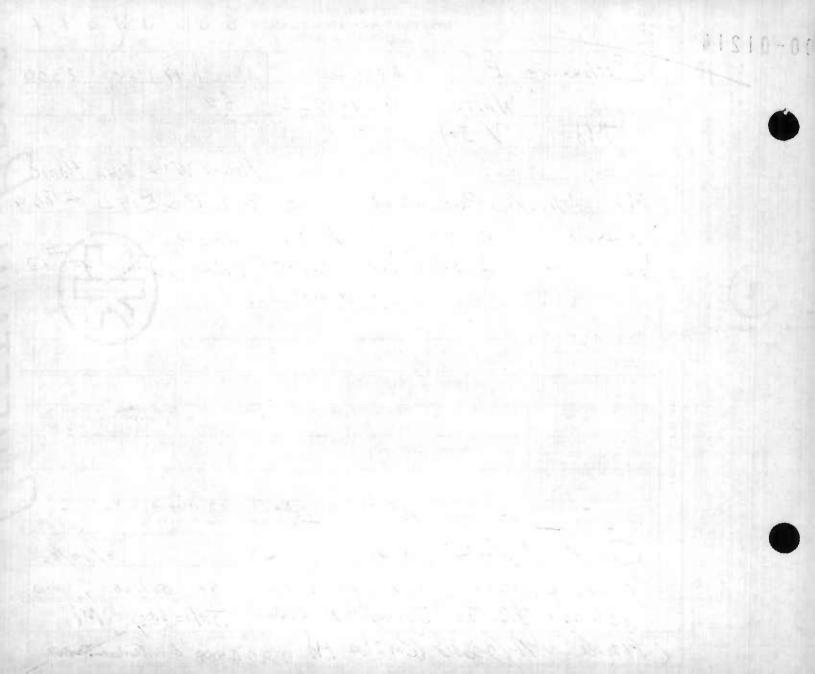
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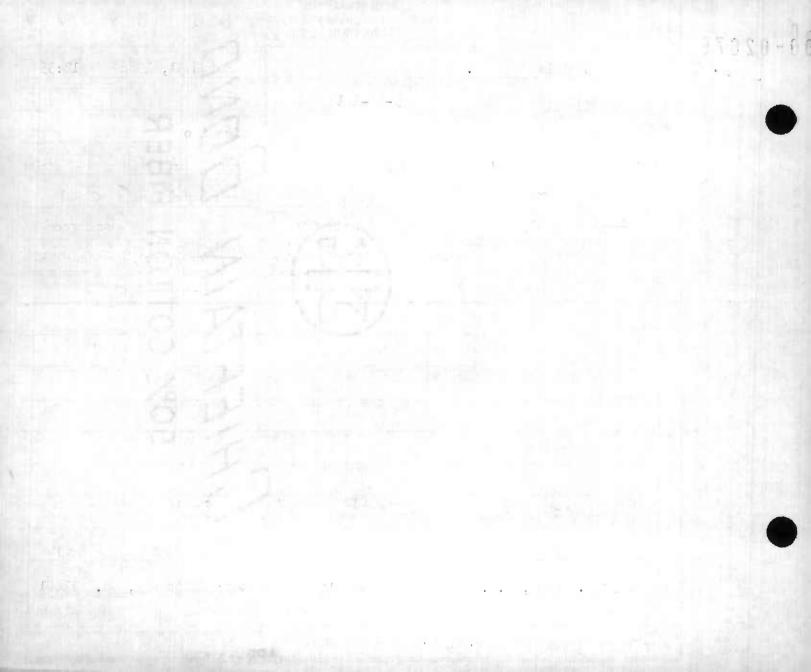


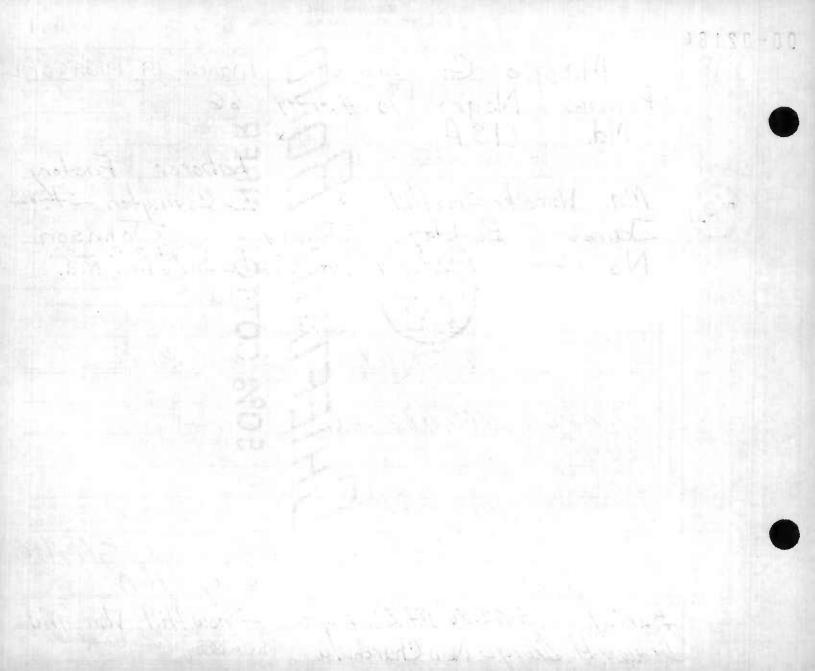


00-	00453	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 0 9 6 7 8 CERTIFICATE OF DEATH REG. NO.
	poge 3	1	DECEASED NAME PRIST LOUIS	RIZZUTO 70 DATE OF DEATH MONTH DAY YEAR 26 HOUR MARCH 7, 1986 6-30.4.M. 14 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1F UNDER 24 HRS
2	oge 4 mercetor, p		BIRTHPLACE (STATE OR FOREIGN	White April 30, 1956 29 TRES MONTHS DAYS HOURS MIN.
	deoth. P	7	New YORK	MARRIED MEVER MARRIED WICOMICO MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
102	n by the lifed wife		SALISBURY	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!
AND 21	in 24 ho y filled in the old be er now b	5	a STATE 136. COU	
, MARYL	ompletel	/	Joseph	O. Rizzuto Ruth Still
TIMORE	ion ond or rs. Poges	/ [(YES, NO OR UNKNOWN) (IF YES, GIV	214-70-5770 Michele Vikizzulo Salisbury ma
ON ST., BAI	th centicated and control of the centicated and cen		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).) ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
01 W. PRESTON	that the dead by the attraction of the contraction of the contraction or other countries.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c)
ORDS, 3	equires in signe Then p r to bur injury,			CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED
AL RECORDS.	The low ricion. The hos bee isst permit. Grene prio	2	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	YES NO YES NO NO
DIVISION OF VIT	SICIAN: ng physic certifica rinol-tron entol Hy ltem 18	7	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR R) P.M. 19
DIVISIO	DING PHY or ottendii i: After this sse os the bu eolth and M		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	ATTENI Spitol CTOR: I for us of He		sow the deceased alive or above, (I) (ma) (did) (did no	offel) attended the deceased from November 1985, to March 7, 1986, that (I) (me) lost n March 6, 1986, and that in (my) (por) opinion death occurred on the date and hour and from the causes stated of the body after death. DEGREE 120. DATE SIGNED
	by the how ERAL DIREC e detoched State Dept		226 PHYSICIAN'S NAME (TYPE	1 / m. O. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/2/86
	TO HOSPITAL etoined by the TO FUNERAL should be detained the State with the State IMPORTANT:	4	James E	E. Martin, M.O. 1300 S. Division St., Salisbury, Mo.
	BP		BURIAL, CREMATION, REMOVAL (SPECIFIC REMATION)	1 23b. DATE MARCH 7, 1986 DELMARUA CREMATORY LEWES, SUSSEX DELLE 150. DATE REC D BY REGISTRANSIS INALUMINATION OF THE PROPERTY
	DHMH - 16 25M [VR A 15 (4)] 9/7		Zeller Fuces / H	lone Old Ocean City Rd. Salisbury Me

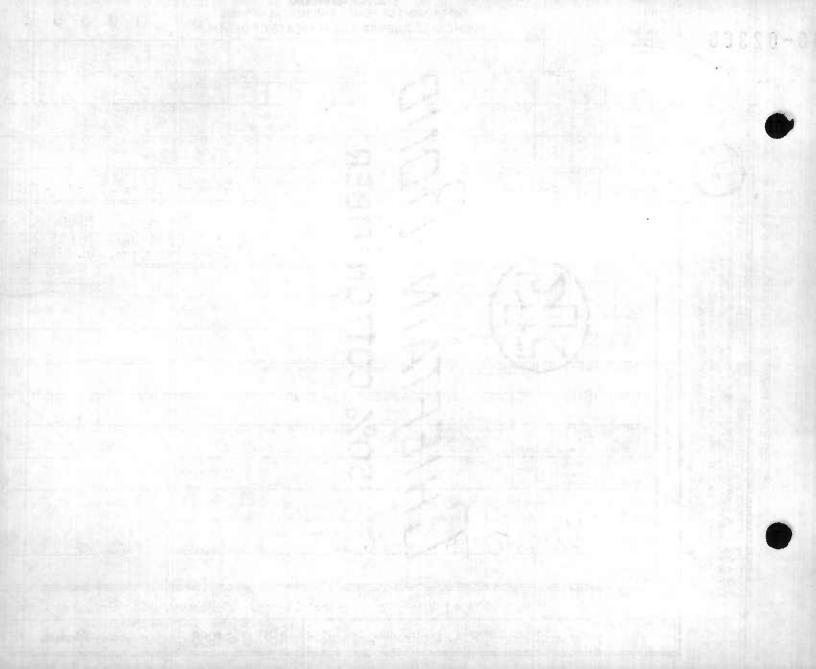
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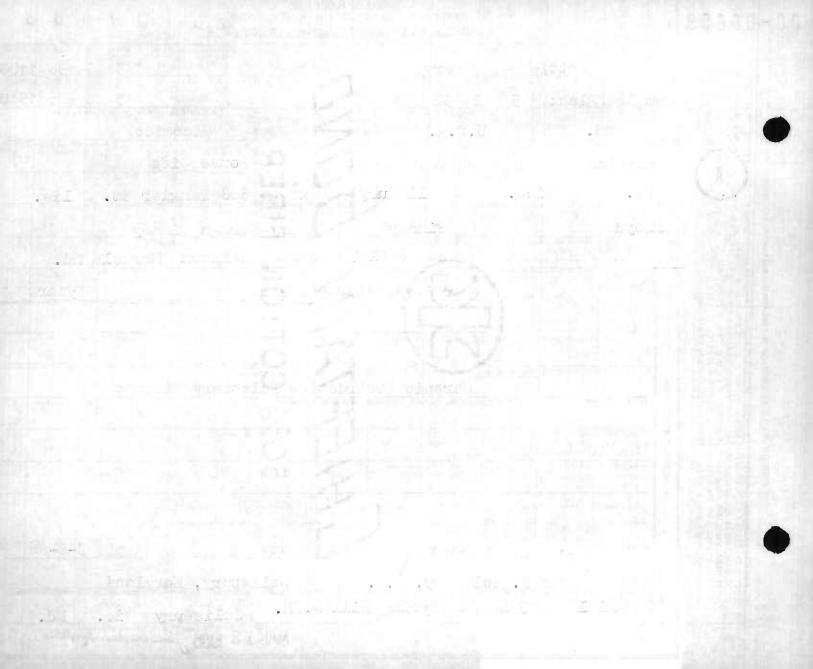




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S SERVICE	10 CITY OR TO	OWN OF DE	ATH	11. NAME OF HOSP	ITAL, NURSING HO		HER INSTITUTION	12a USU	AL OCCUPATI	ON TYPE OF WO	ORK 12b KINI	D OF BUS	SINESS
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C G G G G G G G G G G G G G G G G G G G		Billy Palme			Singleton, Sr.		Daise		thryn		vin		
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T. B. C. DIN				one cause per line f	or (a), (b), and (c).)	100				67100		PROXIMATE I	INTERVAL AND DEATH
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R FEBRUAR BE	go	nditions, if i	immediate	(b)							E 15	100	
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D ASSESS D	AT WC	ORK AT W	WHILE K	wooded	area	Dag	sboro-Mel	sonRd.	Pars	onsburg	_		
INER TORK FORM		270 I certify that I took charge of the remains described above, held on Autapsy X, Inspection . Inquiry ond in my opinion death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined manner .											
ERTH BENT	dediti	resoned non	MALA	7	u/	Solcide	TITLE (SPECIFY)), Olidete	rminea manne	, <u> </u>			
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0 0	00000		REGISTRAR	MEI	DICALI	EXAMIN	ER'S C	ERTIFICATE O	OF DEATH	REG. N	10.			
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	CESSARY, PLEASE LERAL DIRECTOR. OFF OUR FILES. CERTOR STREET,	7a. B	RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF WE		TRY?	8 MARRI	ED NEVER MARR	NED 9 BALTI	IMORE CITY	OR COUN	TY OF DE	ATH	
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Q.	PAORA		VAS DECEASED EVER IN U.S. ARA			TAL SECURITY		17 INFORMANT		ADDRES	S			
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2	IN THE CENTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RE, WAITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGE RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM IS PAGE 3 HOULD BE USED AS A BURIAL. "TRANSIT PERMIT. PAGES 1 A STATE DEPARTMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF 12 TO I PRIOR TO BE UREM ATION, OR REMOVAL.	-	18 CAUSE OF DEATH (Enter on)	y one cours per line	for (a) (b)	and (a)						APPR	ROXIMATE	NTERVAL
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TO NOT SHARE	TAL	-	gave rise to immediate	(b)										
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	WR WR		AT WORK AT WORK					Harrison				513		- 52
	TO MEDICAL EXAMNER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE PAGE PER PER PER PER PATER PER PAGE MARYLAND, 217		22s. I certify that I took charge	e af the remains des	cribed aba	ve, held an	Autops	y , Inspection	n X, Inquir	x X	and in my ap	oinian		
	L EXAMINER: E CERTIFICATE, OULD BE FORV L DIRECTOR: H, WITH THE S.		death resulted from: Nature	al causes X,	Accident	Sun Sun	icide .	Homicide .	Undetermined					
	AN THE STATE OF TH							TITLE (SPECIFY)	onocienimica i					
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	-mor-do	730.B	URIAL CREMATION REMOVAL 2	3 3 14 86	5 137	ring	Hil	RCREMATORY 1 M. Pk.	23d. LOCATION CITY OR TOWN		cour		STA	TE
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			SALISBURY, MD 218											



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - SLAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X DECEASED NAME 2b. HOUR TYPE OR PRINT OF ESTI-Douglas DEATH MATED GLENN STEVENS 19 86 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 8:43 Male Cauc 07 65 DEAD 19 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE INTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. DIVORCED X WIDOWED Wicomico County IN CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Salisbury Peninsula General Hosp. retired bartender (DOA) SUAL HES DENCE IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131 COUNTY 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Berlin Maryland Worcester YES [2, Box 186 NOX Rt. I EFATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Edward Elizabeth Stevens Emaline Horner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT NID BE USED AS A BURIAL - TRANSIT PERMIT PAGES I MENI OF HEALTH AND MENIAL HYGIENE, DINSIGN TO BURIAL, CREMATION, OR REMOVAL (IF YES, GIVE WAR OR DATES) 296-07-1306 Dawn Powell, Berlin, MD Yes WWII 21811 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoraco-abdominal trauma IMMEDIATE CAUSE (a)__ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to Cardiomyopathy and chronic obstructive pulmonary disease 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: THIS CEN.

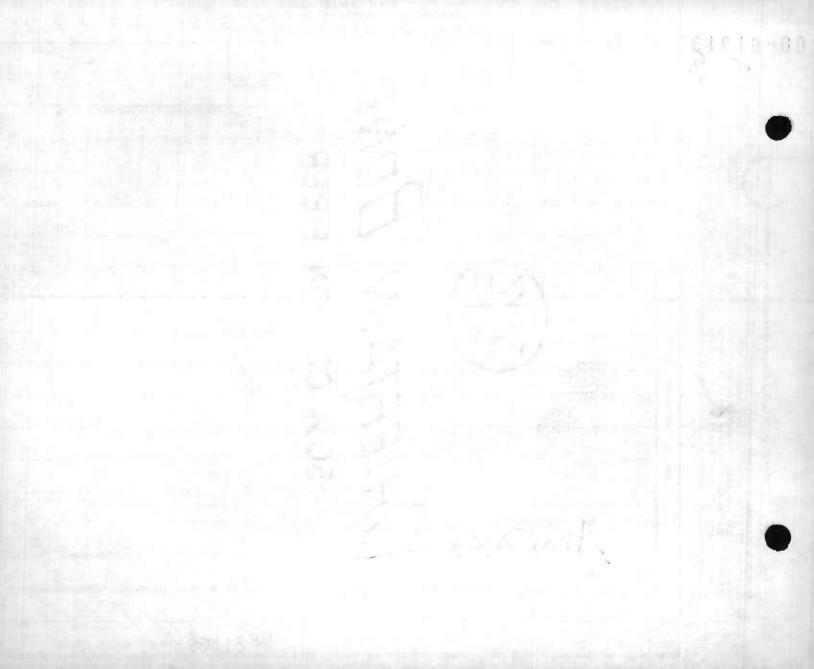
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E. PORWADED TO THE CH.,

T.E. PAGE 3 SHOULD BE U.S.

T.E. DEPARTMENT OBJE

T.E. YES X NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR HOUR A.M. MONTH DAY YEAR UNDERLYING 7:40 19 86 Driver of auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 2 Te PLACE OF INJURY (AT HOME. III LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DÉATH, WITH THE STATE DE BALTIMORE, MARYLAND /21201 PI STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3rd St. & St. Louis Ave., Ocean City, road MD Worcester 220 I certify that I took charge of the remains described above, held an Autapsy Accident X death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED 3-26-86 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRES: 236. BURIAL, CREMATION, REMOVAL 236. DATE
SPECIFY
Burial 3/28 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3/28/86 Sunset Memorial Pk. Berlin Worcester MD 07/84 25M 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 108 RESWilliams Street **DHMH - 17** Kirk Burbage, Berlin, MD (VR A15 ME (5))



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DHMH - 16 60M 7/B4 (VRA 15, 4)

MUS Milson Pocomoke City, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

(VRA 15, 4)

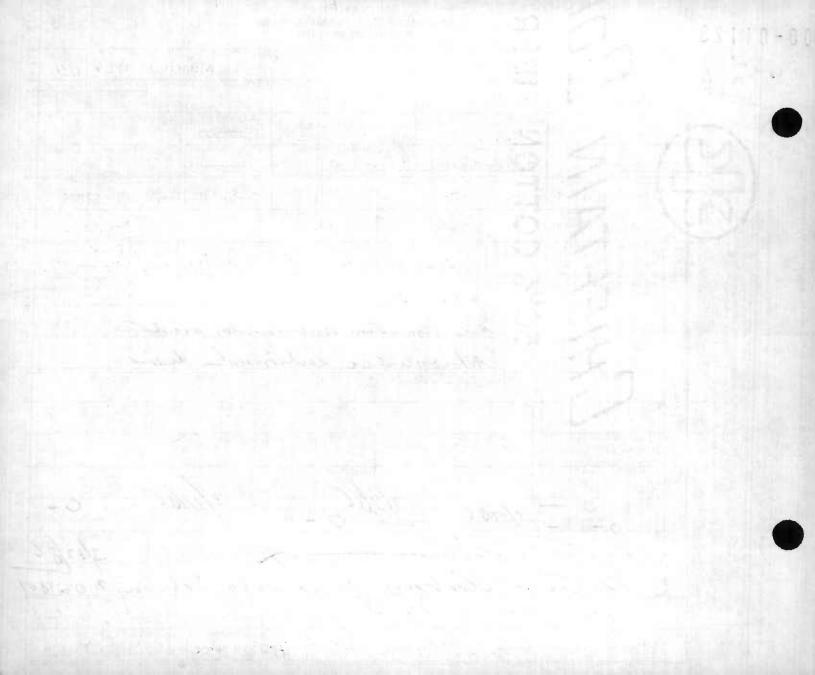
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) MARCH 13 11986 Marv Μ. 4 RACE & AGE LIN YEARS LAST BIRTHDAYS 3. SEX October 24,1899 Female White TO BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Clifton, N.J. Wicomico United States WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital etired-Clerk Treasury Department SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION THE OUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 4033-Ocean Pines 21811 Maryland Worcester Berlin NO K 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Hallock Unknown Unknown ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 578-24-5040 Frank D. Thomas (Son) Same as #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL YES T 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 214 INJURY OCCURRED 21f LOCATION ā 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion deoth occurred an the date and have and from the couses stated Dept 22b. SIGNATURE DEGREE 221 DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN mo rhe Sto 22d. PHYSICIAN'S NAME CTYPE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Suitland, Pr. George Co., Maryland March 15, '86 Cedar Hill Cemetery Burial 250. DATE REC'D. BY REGISTRAR DHMH - 16 60M 7/84 J.Wm. Tee's Sons Co. 300-4th Store, Wash., DC20002 (VRA 15, 4)

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(VRA 15, 4)



	1 - FOR STATE BEOMETRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	T DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH					
d	James	A. Trui	Ltt Sr.	March 18, 1986					
1	3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)					
1	male	white	May 14, 1943 YEAR	42 YRS.					
1	DELAWARE	76 CITIZEN OF WHAT COUNTR	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMICO					
	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION	12n USUAL OCCUPATION					

-	3. SEX	4 RACE	5. DATE OF	BIRTH	6 AGE LIN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDE	R 24 HRS
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6		NTY 13c. CITY OR 1	SBORO	13d. INSIDE CITY LIMITS? YES NO X		ZIP CODE	6E 1	9966	K
13	JAMES W. TRUI	TT LAST		15 MOTHER'S MAIDEN NA/ FIRST EVELYN	TYRE TRUIT	ТТ	LAST	1	
3	160 WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	6-3866	17 INFORMANT ARLENE	F. TRUITT		BORO, 1	DE.	
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Ì	gove rise to immediate cause Ia1, stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF						
~	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u>	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	N IN PART To		
1	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, VIN CERTIFYI YES	WERE FINDIN	OF DEA	TH?
Î	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)		

211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) 220 I certify that X (this hospital) attended the deceased fra

(our) apinian death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 3-18-86

22e ADDRESS

Deer's Head Center, P. O. Box 2018,

23a BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 3/21/86

23c NAME OF CEMETERY OR CREMATORY CAREY'S CEMETERY

23d LOCATION MILLSBORO SUSSEX

24 FUNERAL DIRECTOR MELSON FUNERAL SERVICES DELAWARE

DHMH - 16 60M 7/B4

MILLSBORO, DE.

MAIN ST. (VRA 15, 4)

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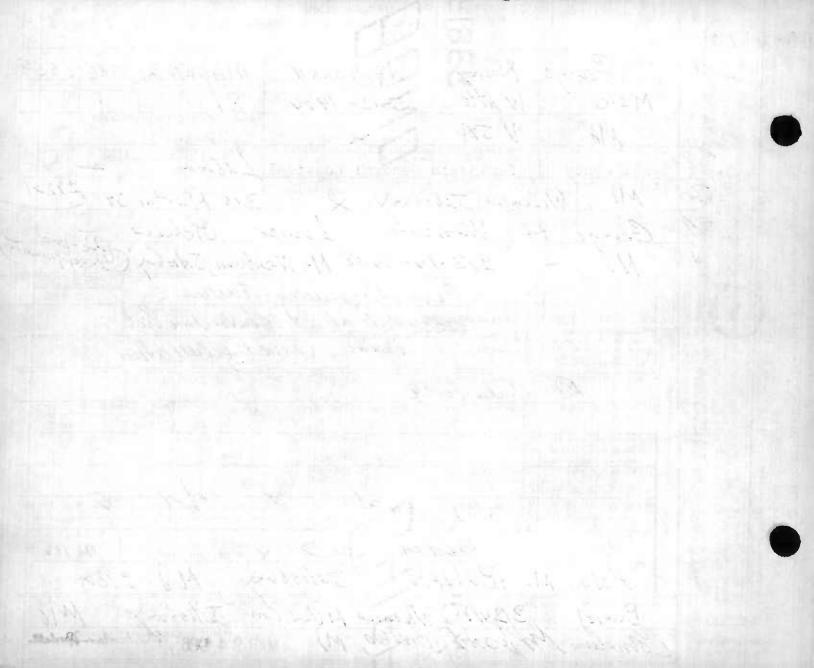
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STATE OF MARYLAND

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	or hair	Hem		22b. SIGNATURE	/	DEGREE		224. DATE SIGNED
	te the	II. II		Du	Cul	Physician	DIRECTOR PHYSICIAN	3-26-56
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	etoined by TO FUNERA should be di	MPORTANT		NEVINS W	. TOOD, JA	?. Medical C	enter West, SALL	Sbury, Md, 21801
NI	Allini	4	23a E	URIAL, CREMATION, REMOVAL		30 NAME OF CEMETERY OR CREMATORY		COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 00-00966 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN TO L DECEASED NAME (TYPE OR PRINT) OF ESTI-R Thomas Wells, Sr 1986 16 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 24. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD White 96 Male 89 YRS 1986 1547 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED X DIVORCED Wicomico CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Gardener OR INDUSTRY Florist Salisbury Peninsula General Hospital ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Worthester Ocean City 13d INSIDE CITY LIMITS? Stream Drive FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wells Edmund Loveless Georgiana 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS NO OR UNKNOWN) 578 10 5299 Thomas R Wells, Jr Same as #13 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF H 11 PRIOR TO BURIAL YES [NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP BACTUMORE, MARYLAND, 2 22a I certify that I toak charge of the remains described above, held an Autopsy Inspection X Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 3-16-86 MEDICAL EXAMINER EXAMINER'S NAME Bulkelev. M.D. John Salisbury. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 19March86 Cedar Hill Cemetery Suitland Maryland 07/84 14 FUNERAL DIRECTOR Obert E. NAME Suitland 25M Wilhelm Funeral Home Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

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46	Gr	DUNIRYI Benwood, Delawar		TE U.S.A.		8. MARRIED X NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF WICOMICO			DEATH		
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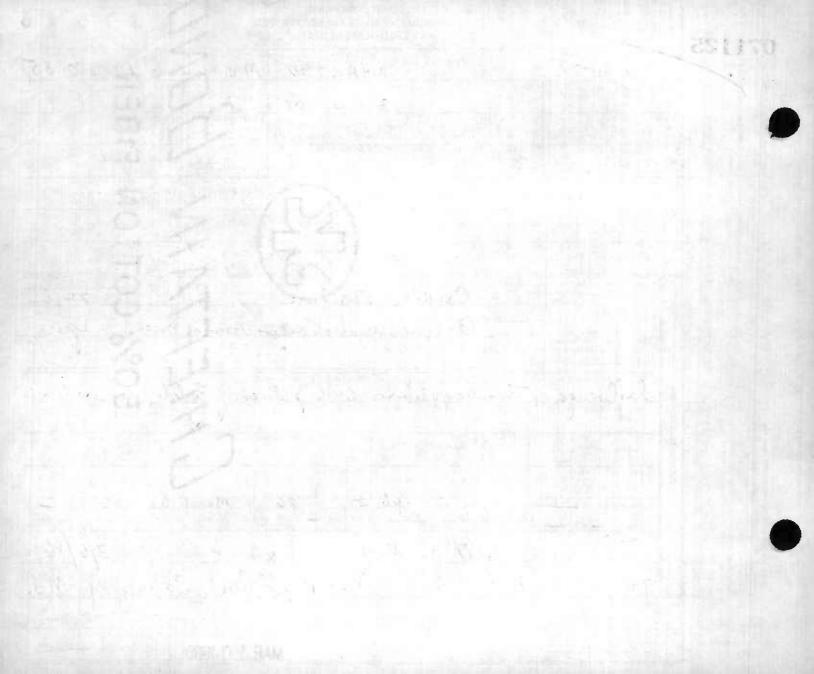
DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

3/10/1986 Cokesbury Cemetery 24 FUNERAL DIRECTOR

Cokesbury, Sussex, Delaware
D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Holloway Funeral Home, P.A., Salisbury, Md.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12:11:10 delman inc. of war A deriosciprot Cardiovescular piaces Wes. . BM . vandalise Jelin V. Briscold

DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DATE KNOWN DECEASED NAME OF ESTI-HOURS STREET, Robert Wilke 8 19 86 FUNERAL DIRECTOR 4 RACE AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD 1320 Male White TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MASS. MARRIED NEVER MARRIED USA Wicomico WIDOWED DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital commercial fisherman 130 STATE MO Somerset 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Haines Point Road Chance NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRSHobert Edith May Tice 166. SOCIAL SECURITY NO. 17 INFORMANT Hainesportsint 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES 095-01-3952 Doris Wilke, Chance, Md. 21816 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BORIAL, YES | NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY (ATHOME 211. LOCATION AT WORK AT WORLE PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes death resulted from: Accident Homicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL 3-8-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkelev. Salisbury. Maryland 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/10/86 23d LOCATION Salisbury Crematory Salisbury BP. 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Leroy G. Webster Princess Anne, (VR A15 ME (5))

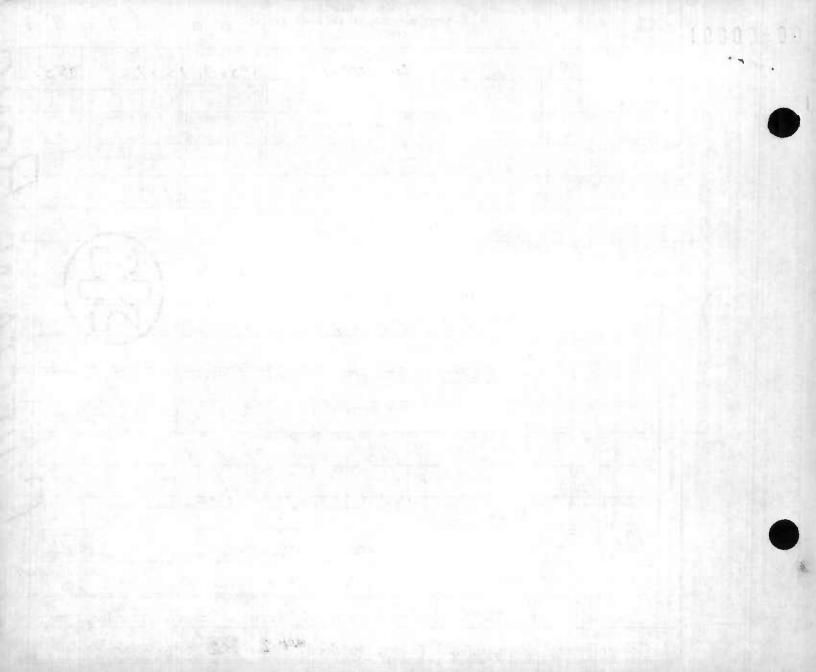
STATE OF MARYLAND

the said mailing to the said days

Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15, 4)

STATE OF MARYLAND



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		11-	FOR STATE				H AND MENTAL H	25 17	0 9) /	0	0
11-	01959/	1	REGISTRAR	ME	DICAL EXAMI	NER'S	CERTIFICATE C	OF DEATH R	EG. NO.			
U	6/		CEASED NAME FIRST		WIDDLE		LAST	20. DATE KNO	WN M MONT	H DAY	YEAR	2b. HOUR
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	55 5 E	3. 3E	. RACE	MONTH DAY	YEAR LAST BIRTH		NDER I YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTE	UAT	TEAR	2d HOUR
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	SHOP ST	M	RTHPLACE (STATE OR REIGN COUNTRY)	11.	KA		WED DIVORC		ro Cound			
	I S NECESSARY, PLEASE HEUNERD DRECTOR. GE 5-FOR YOUR FILES. LED WITHIN 72 HOURS OI W PRESION STREET.	10 C	ITY OR TOWN OF DEATH	III NAME OF HO	SPITAL, NURSING HOA			120. USUAL OCCUPATION			OF BUS	MD.
	AY IS THE FILED	1/		(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS		TER ITSTITOTION	FOR MOST OF WORKING L		OR II	NDUSTR	Y
	35 HW	1 5	Salisbury			Hosp.		NA		1	MA	
	U C	130 S	AL RESIDENCE (IF IN NUMBER OF TATE		INE RESIDENCE BEFORE ADMIS	SION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS ,				
	A PURE PROPERTY OF THE PROPERT	MI	RVIAND .		BALTIMO	RE	YES NO	B00 3 54	DEC OFD	5+	2	1224
	E STATE OF	14. F	ATHER'S NAME		LAGITIC		IS. MOTHER'S MAID	EN NAME	CEPLA	<u> </u>	4,	
	20	1)	FIRST	MIDDLE	711PHALLE		A LOC A	MIDDLE		LAS	57	- 11
	20 500	4/	TARK	4	LUDHLIK	277.10	HNHSTH	DIA	31	ANC)W	CH
	FOR ON	7 100. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	166 SOCIAL SECUR	IT NO.	17. INFORMANT	AL	DDŖESS	1-27	. 2	1204
1	24 HOURS AFTER DEA TITEM 18 GIVE PAGES LIONG WITH PORM FERMIT. PAGES 1 (AN FORME, DIVISION OF SOIENE, DIVISION OF SOIENE, DIVISION OF		NO -		NONE	3	MR : MRS.	M. ZUBALI	1K 801	25.5	true	RER
	. 8 . 3 . 0		18. CAUSE OF DEATH (Enter onl	y one cause per line	e for (a), (b), and (c).)						OXIMATE	
	S S S S S S S S S S S S S S S S S S S		PART I DEATH WAS CAUSED	BY:	Drowning					BETWEE	EN ONSET	AND DEATH
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	WITHIN NCIL IN INER A INER A ITAL HY	1	gave rise to immediate	(b)	71							
	ON THE PLOY	1	couse (a) stating the <u>under-</u> lying couse last.	DUE TO, OR	AS A CONSEQUENCE	OF						
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	PECORDS. De BE EXEC MEDING. MEDICAL O AS A BUI EALTH AN CREMATI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEL	MINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)				
	S A E E E E E E E E E E E E E E E E E E	Z	and the second									
	A SEA A SECTION	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. 411	TOREYA	
	SHOULD YORD "PE CHIEF N SE USED A AT OF HEL	4 2								2D AUTOPSY?		
	* * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- E									s 🗌	NO 🔯
	P NECT AND A		210 EXTERNAL CAUSE WAS	HOUR X	MONTH DAY YEA	21c. F	OW INJURY OCCURRE	D LENTER NATURE OF HUJURY IN	TITEM TO PART 1 OR	PART 2)		
	S SECONS	1 3	CONTRIBUTING CAUSE OF	DEATH 1:30 M	1. 3-28- 198		bject drow	ned.				
	S CERTIFIC RITING TH RDED TO #E 3 SHOUL E DEPART	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LC	CATION	The Later of				
i	SE S	E	WHILE NOT WHILE K	STREET, FAC	tory, farm, etc.) Water		STREET Mrs.	Dd Occord		OUNTY		STATE
	THIS WAR		AT WORK		water	1126	TOGO Ray	Rd., Ocean C	ity, wo	prcest	er,	MD
	SHE STATE	1	22a I certify that I taak charg	e of the remains des	scribed obove, held on	Auto	sy Inspection	n X . Inquiry	and in my	opinion		
	MENGES	4	death resulted from: Natur	ol causes	Accident X , S	vicide _	, Homicide .	Undetermined monner				
	ARITH ARITH		h	no			TITLE (SPECIFY)					
	A 2000 E	1	ACTUAL SIGNATURE	IN			/	t MEDICAL EXAMINER	DAT	E 3-1	29 -8	6
	2 E S 2 S 2 7		SIGNATURE AL	* /			M.D	MEDICAL EXAMINER	SIGN	VED		
	AMEDI COUTE FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN	4	EXAMINER'S NAME Ann	M. Dixor	n, M.D.		111	Penn St., Ba	alto. I	MD 2	1201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORDS "FENDING" IN PERFOLL IN TIEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BACHMORE, MARNUAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	-	(TITE OR FRIET)				ADDRESS		2100.7			
	E M O E C O	73a.B	URIAL, CREMATION, REMOVAL 2:	36 DATE	23c NAME OF CI	METERY	OR CREMATORY	23d LOCATION	co	UNTY	STA	TE .
07/8		DI	IRIBL	4/1/86	VTARDEI	15 6	of FAITH	BALTIMORE	1	クロ		
25M	DHMH - 17	24.5	UNERAL DIRECTOR	ADDRESS		2	1224 250. DATE !	REC'D. BY REGISTRAR 25	b. REGISTRAR'S	SIGNATUR	RE	
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